



**Oklahoma Alternative Fuels Equipment Company  
Certification Renewal Application**

Alternative Fuels Program  
www.labor.ok.gov

Melissa McLawhorn Houston, Commissioner

**OKLAHOMA DEPARTMENT OF LABOR**

3017 N. Stiles, Suite 100  
Oklahoma City, OK 73105  
405-521-6100/888-269-5353  
M-F 8:00am-4:30pm

<b>APPLICATION TYPE</b>	<b>APPLICATION FEE</b>	<b>EXACT AMOUNT IS RECOMMENDED FEE IS NON-REFUNDABLE</b>
<input type="checkbox"/> Renewal	\$100.00	

**All applicants must provide payment along with this application, as well as the following documentation:**

1. Completed Oklahoma Alternative Fuels Company Certification Application
2. Certificate of General Liability Insurance in excess of \$1,000,000.00 listing the Oklahoma Department of Labor as the certificate holder

*\*\*If a person holds a valid Class I Dealer Permit properly issued by the Oklahoma Liquefied Petroleum Gas Board, pursuant to Section 420.4 of Title 52 of the Oklahoma Statutes, the requirements of this section for certification or renewal of certification shall not be required". A copy of this permit must be submitted.*

The undersigned applicant hereby makes application for certification of an alternative fuels certificate to engage in the physical installation, servicing, repairing, modifying, or renovating equipment used in the conversion of vehicles to engines fueled by alternative fueled motor vehicle systems in the State of Oklahoma.

**Please identify fuel system work to be performed.**

**Will mobile services be provided?**  NO  YES – **Certificate of Liability Insurance must indicate company is covered to provide mobile services.**

**APPLICANT INFORMATION**

Business Name:		License #:	
Contact Person:		Title:	
Physical Address (Required):		Mailing Address:	
City:	State:	Zip Code:	County:
Business Phone #: (    )		Contact E-mail Address:	

**LIST THE NAMES AND CERTIFICATE NUMBERS OF ALTERNATIVE FUELS TECHNICIANS IN YOUR SHOP**

Name:	License Number:
Name:	License Number:
Name:	License Number:
Name:	License Number:
Name:	License Number:
Name:	License Number:

**MILITARY STATUS**

Within the past six (6) months, have you been honorably discharged from the Armed Forces of the United States, coming off Active Duty as a member of the National Guard or Reserves, or transferred from another state to Oklahoma?  Yes  No

If yes, provide date of discharge/coming off Active Duty/transfer: \_\_\_\_\_

Are you a spouse of an active duty member of the Armed Forces of the United States?  Yes  No



<b>Applicant Signature / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE AND FEE</b>	<b>DATE</b>
I certify that this information is true and correct. Any false or fraudulent statement shall be cause for suspension or revocation of the certification held.	

**FOR OFFICE USE ONLY**

The Department of Labor will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.	Date:	Lic #:	Receipt #:
	Initials:	Check/Cash:	Amount: