Oklahoma Alternative Fuels Equipment Technician Application Alternative Fuels Program www.oklahoma.gov/labor

OKLAHOMA DEPARTMENT OF LABOR

409 NE 28th St, 3rd Floor Oklahoma City, OK 73105 405-521-6100/888-269-5353

APPLICATION TYPE	<u>APPLICATION</u>	I FEE			eck, Money Order	
New \$50.00 per		el type	or Cashiers Check payable to FEE IS NON-REFUNDABLE		•	
REQUIRED DOCUMENT	ATION FOR NEW APPLIC	CANTS	NON ILE CITIZ	TNC.		
U.S. CITIZENS:			NON-U.S. CITIZ			
Affidavit of Lawful Pres	Affidavit of Lawful Presence, signed Affidavit of Lawful Presence, signed					
A valid, unexpired Driver's License <u>OR</u> State Issued Photo- A valid, unexpired Driver's License OR Availed Photo- A valid, unexpired Driver's License OR Availed Photo- A valid, unexpired Driver's License OR Availed Photo-					<u>DR</u> State Issued Photo-	
	Military ID <u>AND</u> cial Security Card <u>OR</u> A valid, u	inevnired		Card <u>OR</u> Military ID <u>Al</u>		
	n from current employer	пехрией			Card <u>OR</u> A valid, unexpired	
Passing score from state approved school/apprenticeship			passport <u>OR</u> A W-2 form/1099 form from current employer • Passing score from state approved school/apprenticeship			
training program for wr	ritten exam and skills test		training progr	am for written exam a	and skills test	
All new applicants must a	ppear IN PERSON at the O	klahoma Depa	rtment of Labor	or approved facility	,	
	s I Dealer Permit properly issued					
the Oklahoma Statutes, the rec submitted.	quirements of this section for ce	ertification or ren	ewal of certification	shall not be required".	A copy of this permit must be	
Please identify fuel system w	vork to be performed					
	☐ LNG ☐ LPG	\square EV	\square Other_		_	
APPLICANT INFORMATION	N					
Name:			Social Security	Number:	Date of Birth:	
Mailing Address:		City		State	Zip Code:	
Phone #: ()		E-mail Address				
EMPLOYER INFORMATION	N					
EMPLOYER INFORMATION Company:	N		Cc	ompany License #:		
	N	City	Co	ompany License #: State	Zip Code	
Company:)	City	Cc		Zip Code	
Company Address:		City	Cc		Zip Code	
Company Address:)		ATE		Zip Code	
Company Address: Company Phone #: ()				Zip Code	
Company: Company Address: Company Phone #: (Signature of Owner/I) Manager	C	ATE	State		
Company: Company Address: Company Phone #: (Signature of Owner/I MILITARY STATUS: *Within the past six (6) maximum and the pas) Manager	Crably discharged	ATE	State Forces of the United S	Zip Code States, coming off Active Duty	
Company: Company Address: Company Phone #: (Signature of Owner/I MILITARY STATUS: *Within the past six (6) mas a member of the Nat	Manager onths, have you been honor	rably discharged transferred fro	ATE	State Forces of the United S	States, coming off Active Duty	
Company Address: Company Phone #: (Signature of Owner/R MILITARY STATUS: *Within the past six (6) mas a member of the Nat If yes, provide date of d	Manager onths, have you been honor tional Guard or Reserves, or the second contract of the	rably discharged transferred fro Duty/transfer: _	ATE I from the Armed an another state to	State Forces of the United State Oklahoma? □Yes	States, coming off Active Duty	
Company Address: Company Phone #: (Signature of Owner/I MILITARY STATUS: *Within the past six (6) mas a member of the Nate of the Nat	Manager onths, have you been honor tional Guard or Reserves, or the lischarge/coming off Active E	rably discharged transferred fro Duty/transfer: _ rmed Forces of	ATE I from the Armed manother state to the United States?	Forces of the United Sollahoma?	States, coming off Active Duty	
Company: Company Address: Company Phone #: (Signature of Owner/I MILITARY STATUS: *Within the past six (6) mas a member of the Natif yes, provide date of d *Are you a spouse of an a	Manager onths, have you been honor ional Guard or Reserves, or this charge/coming off Active Elective duty member of the Ar	rably discharged transferred fro Duty/transfer: _ rmed Forces of	ATE I from the Armed manother state to the United States?	Forces of the United Sollahoma?	States, coming off Active Duty	
Company Address: Company Phone #: (Signature of Owner/I MILITARY STATUS: *Within the past six (6) mas a member of the Nate of the Nat	Manager onths, have you been honor tional Guard or Reserves, or the lischarge/coming off Active Elective duty member of the Arestrue and correct. Any false or f	rably discharged transferred from Duty/transfer: _ rmed Forces of fraudulent staten	ATE I from the Armed m another state to the United States sent shall be cause for the course fo	Forces of the United : Oklahoma? □Yes □ □Yes □No or suspension or revoca	States, coming off Active Duty	
Company Address: Company Phone #: (Signature of Owner/I MILITARY STATUS: *Within the past six (6) mas a member of the Nate of the Nat	Manager onths, have you been honor ional Guard or Reserves, or this charge/coming off Active Elective duty member of the Ar	rably discharged transferred from Duty/transfer: _ rmed Forces of fraudulent staten	ATE I from the Armed m another state to the United States sent shall be cause for the course fo	Forces of the United : Oklahoma? □Yes □ □Yes □No or suspension or revoca	States, coming off Active Duty □No tion of the certification held.	
Company Address: Company Phone #: (Signature of Owner/I MILITARY STATUS: *Within the past six (6) mas a member of the Nate of the Nat	Manager onths, have you been honor tional Guard or Reserves, or the lischarge/coming off Active Elective duty member of the Arestrue and correct. Any false or f	rably discharged transferred from Duty/transfers of fraudulent staten	ATE I from the Armed m another state to the United States sent shall be cause for the course fo	Forces of the United : Oklahoma? □Yes □ □Yes □No or suspension or revoca	States, coming off Active Duty □No tion of the certification held.	
Company Address: Company Phone #: (Signature of Owner/I MILITARY STATUS: *Within the past six (6) mas a member of the Nate of the Nat	Manager onths, have you been honor cional Guard or Reserves, or a lischarge/coming off Active Extinctive duty member of the Arestrue and correct. Any false or factive duty member of the Arestrue and correct. Any false or factive duty member of the Arestrue and correct. Any false or factive duty member of the Arestrue and correct. Any false or factive and correct.	rably discharged transferred from Duty/transfer: _ rmed Forces of fraudulent staten NNOT BE PROCES by individual in, color,	ATE I from the Armed manother state to the United States are the	Forces of the United Social Oklahoma? Yes Yes No or suspension or revoca	States, coming off Active Duty No tion of the certification held. Date	
Company Address: Company Phone #: (Signature of Owner/I MILITARY STATUS: *Within the past six (6) mas a member of the Nate of the Nat	Manager onths, have you been honor cional Guard or Reserves, or a lischarge/coming off Active Extinctive duty member of the Arestrue and correct. Any false or factive duty member of the Arestrue and correct. Any false or factive duty member of the Arestrue and correct. Any false or factive duty member of the Arestrue and correct. Any false or factive duty member of the Arestrue and correct. Any false or factive duty member of the Arestrue and correct.	rably discharged transferred from Duty/transfer: _ rmed Forces of fraudulent staten NNOT BE PROCE by individual in, color, lelp with	ATE I from the Armed manother state to the United States are the	Forces of the United Social Oklahoma? Yes Yes No or suspension or revoca	States, coming off Active Duty No tion of the certification held. Date	