



Alternative Fuels Permit Application

Oklahoma Department of Labor

SSD/Licensing Division

www.oklahoma.gov/labor

Oklahoma Dept of Labor
Alternative Fuels Division
409 NE 28th St, 3rd Floor
Oklahoma City, OK 73105
405-521-6100
888-269-5353
FAX (405) 521-6017

FOR OFFICE USE ONLY		
DATE OF APPROVAL	PERMIT APPROVED BY	PERMIT #

Section 380:80-1-5 of the Oklahoma Administrative Code requires this form to be filed 30 days prior to construction of a stationary Compressed Natural Gas (CNG) installation. A separate form must be used for each facility proposed to be installed.

A non-refundable fee of \$1000.00 must accompany each original application. DO NOT SEND CASH. Make check or money order payable to: **Oklahoma Department of Labor**. Check the box below to be contacted for credit card payment:

Wish to be contacted for credit card payment

NAME OF COMPANY PERFORMING INSTALLATION:		ALT FUELS COMPANY LICENSE NUMBER	
APPLICANT'S MAILING ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER ()	FAX NUMBER ()		
EMAIL ADDRESS (REQUIRED)			

PROPOSED FACILITY WILL BE INSTALLED AS (Facility Name)

STREET ADDRESS OR CLEAR DIRECTIONS TO FACILITY

CITY	COUNTY	STATE
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CONTACT NAME	TITLE
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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TYPE OF INSTALLATION
 NEW INSTALLATION CONTAINER ADDITION CONTAINER REPLACEMENT

AGGREGATE STORAGE CAPACITY OF EXISTING CNG INSTALLATION, IF APPLICABLE
_____ STANDARD CUBIC FEET WATER VOLUME

AGGREGATE STORAGE CAPACITY OF CONTAINER(S) TO BE INSTALLED
_____ STANDARD CUBIC FEET WATER VOLUME

ADDITIONAL INFORMATION (IF NECESSARY)

****NOTE**** See OAC 380:80-1-5(g) & (h) to review time constraints on all permit applications



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CONTAINER(S) TO BE INSTALLED ARE				
<input type="checkbox"/> NEW <input type="checkbox"/> USED <input type="checkbox"/> BOTH <input type="checkbox"/> ABOVE GROUND PRESSURE VESSELS <input type="checkbox"/> UNDERGROUND STORAGE				
IF CONTAINER(S) WERE PREVIOUSLY USED, PLEASE LIST WHAT THEY CONTAINED (LPG, LNG, ETC.)				
NAME OF LOCATION OF PREVIOUS INSTALLATION OF USED CONTAINER(S)				
GEOGRAPHICAL LOCATION OF PREVIOUS INSTALLATION OF USED CONTAINER(S)				
IS THE INSTALLER OF THE CONTAINERS LICENSED?				INSTALLER LICENSE NO
<input type="checkbox"/> YES <input type="checkbox"/> NO **If no, an "Installer" application must be filed with ODOL (found on our website)				
CONTAINER VERIFICATION <input type="checkbox"/> MANUFACTURER'S DATA REPORT				
CNG CONTAINER(S) (W.V.C.F. = Water Volume Cubic Feet; S.P. = Service Pressure) ATTACH ADDITIONAL SHEETS IF NECESSARY				
MFG NAME	SERIAL NO	W.V.C.F.	YR BUILT	S.P.
MFG NAME	SERIAL NO	W.V.C.F.	YR BUILT	S.P.
MFG NAME	SERIAL NO	W.V.C.F.	YR BUILT	S.P.
MFG NAME	SERIAL NO	W.V.C.F.	YR BUILT	S.P.
DISTANCE FROM PROPOSED CONTAINER(S) TO				
PROPERTY LINE NORTH	PROPERTY LINE SOUTH	PROPERTY LINE EAST	PROPERTY LINE WEST	
NEAREST BUILDING		RAILROAD		
ELECTRICAL TRANSMISSION LINE	PUBLIC STREET	SIDEWALK		
OTHER TYPE FUEL CONTAINER (SUCH AS GASOLINE/DIESEL)		OTHER TYPE FUEL DISPENSERS (SUCH AS GASOLINE/DIESEL)		

REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED IN HARD COPY AND ELECTRONIC COPY

- A plat drawing from the appropriate appraisal district identifying the facility's property boundaries;
- A site plan of sufficient size that identifies all the items listed in section 380:80-1-5(b)(3)
- Information verifying the validations required in NFPA 52 paragraph 1.4.4.1 have been met
- Information on proposed methods/equipment for the following:
 - Low pressure/leak monitoring methods
 - Pressure testing of the well bore and associated piping prior to being filled with CNG
 - Factors of Safety used in calculations

CERTIFICATION: I declare that I am authorized to make the representations set out on this form to comply with the Oklahoma Administrative Code, and the Oklahoma Department of Labor Alternative Fuels Program OAC 380:80; that this form was prepared by me or under my supervision and direction; and that the statements made are true, correct, and complete, to the best of my knowledge.

If filing this application via facsimile transmission, applicant voluntarily stipulates and agrees that the filed facsimile copy shall be treated as an original document for all purposes in any court or administrative proceeding.

Printed Name of Licensee Company Representative

Signature of Company Representative