

**AFFIDAVIT OF LAWFUL PRESENCE  
BY PERSON MAKING APPLICATION FOR A LICENSE**

I, the undersigned applicant, being of lawful age, state that one of the following statements is true and correct: (Check only ONE of the following statements that apply)

- ☐ I am a United States citizen.
- ☐ I am a qualified alien under the federal Immigration and Nationality Act and am lawfully present in the United States. Alien or Admission # \_\_\_\_\_

I state under penalty of perjury under the laws of Oklahoma that the Foregoing is true and correct and that I have read and understand this form and executed it in my own hand.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_


For RENEWAL license, please include your current number: \_\_\_\_\_

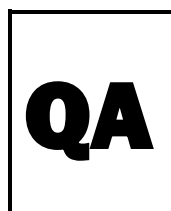
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**INSTRUCTIONS FOR USE OF THIS AFFIDAVIT FORM:  
The person signing this form must read these instructions carefully.**

1. If the person executing this form is receiving services and not making an application for a license, this form should ***not*** be used but rather, either the form titled, "*Affidavit of Lawful Presence by Parent or Guardian of Person Receiving Services*" or the form titled "*Affidavit of Lawful Presence by Person Receiving Services*" should be used.
2. If the person executing this form is a citizen of the United States then that person should check the box to the left of the statement, "*I am a citizen of the United States.*" If the person executing this form is not a citizen of the United States but is a qualified alien under the federal Immigration and Nationality Act and is lawfully present in the United States then that person should check the box to the left of the statement, "*I am a qualified alien under the federal Immigration and Nationality Act and am lawfully present in the United States.*"
3. In the space after the word "*Date*" the person executing this form should write today's date. The person executing this form should indicate the city and state where they are actually located when they sign this form.
4. Within the context of the execution of this form, the term "penalty of perjury" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien and made upon one's oath or affirmation and knowing such assertion to be false. Making such a willful assertion on this form knowing it to be false is a crime in Oklahoma and may be punishable by a term of incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner, as he would be if personally guilty of the perjury so procured.

For State Fire Marshal Use Only			
License #		Date Issued	
PO #		Permit Fee Owed	
Initial Qualified Agent Application Fee			
Total Amount Owed:			
Date Paid		Amount Paid	


**Oklahoma State Fire Marshal**  
**PO Box 36690**  
**Oklahoma City, OK 73136-2690**  
**(405) 522-5005 Fax: (405) 522-5028**



## Fire Extinguisher Industry: Qualified Agent Application Form

Please submit \$200 payment for each category checked below to the above address.  
Must provide ICC-NAFED and/or NICET certification(s) for each licensed category.

### Check all license categories requested:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Portable Fire Extinguisher<br>Verification of 2,000hrs Technical Experience       | <input type="checkbox"/> Pre-Engineered Kitchen/Restaurant System<br>Verification of 4,000hrs Technical Experience | <input type="checkbox"/> Engineered Fire Suppression<br>NICET III Certification Required includes<br>Special Hazards |
| <input type="checkbox"/> Pre-Engineered Industrial System<br>Verification of 4,000hrs Technical Experience |  |  |

First Name:		Last Name:			
Middle Initial:		Date of Birth:			
Home Address:					
City:		State:		Zip:	
Email Address:					
Social Security #:					
Home Telephone #:		Business Telephone #:			
Company Name:		Company License #:			
Company Address:					
Company City:		Co. State:		Co. Zip:	

Have you ever been convicted of a felony or crime involving moral turpitude? ☐ Yes ☐ No

If you checked "Yes", please give a brief explanation: \_\_\_\_\_

Are you applying as the Company Qualified Agent? ☐ Yes ☐ No  
(This person must have the authority to hire and fire employees and will be held responsible for the Company actions, including employees.)

I understand that false information could result in the denial of my application or revocation of my license.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*No individual licensed under the Fire Extinguisher Industry Regulations shall contract for his services as an independent contractor without applying for and being issued a company and a qualified agent license under the Regulations. No company shall contract for the independent services of a holder of an individual license under Chapter 256:50 et seq. Fire Extinguisher Industry Regulations.*

If this is not the application for the Company Qualified Agent, please have them complete the information below.

Company Qualified Agent Name:		License#	
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Qualified Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_