

AFFIDAVIT OF LAWFUL PRESENCE
BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT OR CERTIFICATE

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: _____

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			\$75.00
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

TR

**Fire Extinguisher Industry:
Trainee Application Form**

Please submit \$75 payment with this Application to the above address.

Check license categories requested:

Portable Fire Extinguisher	<input type="checkbox"/>	Trainee
Pre-Engineered Kitchen/Restaurant System	<input type="checkbox"/>	Trainee
Pre-Engineered Industrial System	<input type="checkbox"/>	Trainee
Engineered Fire Suppression System	<input type="checkbox"/>	Trainee

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: _____

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

Applicant's Signature: _____ Date: _____

This section to be completed by the company licensed Qualified Agent certifying employment.

QA Name:		QA License #:	
QA Email Address:			
Employment Date of Trainee:			

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

Qualified Agent'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.