## Revised License Application Alarm, Locksmith, and Fire Sprinkler Program oklahoma.gov/labor

may make your needs known to this agency.

## **OKLAHOMA DEPARTMENT OF LABOR**

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

APPLICATION TYPE  Revised (adding categories)  APPLICATION 1  \$25.00	FEE			FEI	E IS NON-REI	FUNDABLE	
Please note: A license can only be revised in the s The current expiration date of the license will NO	•	-	are curre	ntly lice	nsed in.		
<ul> <li>REQUIRED DOCUMENTATION FOR ALL APPLICAN</li> <li>Certificate of Completion from an Approved B</li> <li>Copy of a valid, unexpired Driver's License OF</li> <li>State issued Photo-Identification Card OR</li> <li>Military ID</li> </ul>	xaminatio	n Entity					
TYPE OF LICENSE (Position):							
$\square$ Manager (please attach Certifica	te of Exp	erience	AL Form	າ 3)			
$\square$ Technician							
$\square$ Salesperson							
CATEGORY:							
CATEGORY.							
$\square$ Burglar Alarm/Residential Fire Alarm	☐ Comm	ercial F	ire Alarn	n $\Box$ F	rire Sprinkler	r ☐ Monitoring	
☐ Closed Circuit Television ☐ Acces	ss Contro	ı 🗆	Nurse C	Call	☐ Locks	smith	
Name				(	Occupational	License #:	
Name  Mailing Address: City:			Stat			License #: Zip Code:	
			Stat	te:			
Mailing Address: City:	E-mail A	Address		te: Birth:			
Mailing Address: City:  Social Security #:	E-mail A	Address	Date of	te: Birth:			
Mailing Address: City:  Social Security #:  Phone: ( )			Date of	te: Birth: ED): Co Lice	nse #:	Zip Code:	
Mailing Address: City:  Social Security #:  Phone: ( )  Company Name:  I certify the information given on this application by me is			Date of	te: Birth: ED): Co Lice	nse #:	Zip Code:	
Mailing Address: City:  Social Security #:  Phone: ( )  Company Name:  I certify the information given on this application by me is	s true and a	ccurate t	Date of (REQUIR	Birth:  ED):  Co Lice	<b>nse #:</b> owledge. I unde	Zip Code:	
Mailing Address: City:  Social Security #:  Phone: ( )  Company Name:  I certify the information given on this application by me is information could result in revocation of my license.	s true and a	ccurate t	Date of (REQUIR	Birth:  ED):  Co Lice	<b>nse #:</b> owledge. I unde	Zip Code:	
Mailing Address: City:  Social Security #:  Phone: ( )  Company Name:  I certify the information given on this application by me is information could result in revocation of my license.  Signature / APPLICATION CANNOT BE PROCE	SSED WIT	ccurate t	Date of (REQUIR	Birth:  ED):  Co Lice	nse #: owledge. I unde	Zip Code:	