



**Registration Fees:**

**New**      **Renew\***      \*If renewal, license # \_\_\_\_\_

**Please make your Check, Money Order  
or Cashier's Check payable to ODOL  
FEE IS NON-REFUNDABLE**

**REQUIRED DOCUMENTATION FOR NEW APPLICANTS:**

**U.S. CITIZENS:**

- Affidavit of Lawful Presence, signed
- A valid, unexpired Driver's License **OR** State Issued Photo-Identification Card **OR** Military ID **AND**
- Birth Certificate **OR** Social Security Card **OR** A valid, unexpired passport **OR** A W-2 form from current employer

**NON-U.S. CITIZENS:**

- Verification of Immigration Status
- Affidavit of Lawful Presence, signed
- A valid, unexpired Driver's License **OR** State Issued Photo-Identification Card **OR** Military ID **AND**
- Birth Certificate **OR** Social Security Card **OR** A valid, unexpired passport **OR** A W-2 form/1099 form from current employer

All new applicants must appear **IN PERSON** at an ODOL approved facility, or provide a current passport photo on initial application

**APPLICANT INFORMATION:**

<b>Name:</b>		<b>Applicant Hire Date:</b>	
<b>Mailing Address:</b>		<b>City</b>	<b>State</b>
		<b>Zip Code:</b>	
<b>Social Security #:</b>		<b>Date of Birth:</b>	
<b>Phone:</b> (    )	<b>E-mail Address (REQUIRED):</b>		

**EMPLOYER INFORMATION (REQUIRED)**

<b>Company Name &amp; License #:</b>	<b>Company Phone #</b>
<b>Company Address:</b>	<b>City:</b>
	<b>State:</b>
	<b>Zip Code:</b>



\_\_\_\_\_  
**Signature of Owner/Manager**      **DATE**      *License will not be issued if not signed.*

**MILITARY STATUS**

\*Within the past six (6) months, have you been honorably discharged from the Armed Forces of the United States, coming off Active Duty as a member of the National Guard or Reserves, or transferred from another state to Oklahoma?  Yes     No  
If yes, provide date of discharge/coming off Active Duty/transfer: \_\_\_\_\_

\*Are you a spouse of an active duty member of the Armed Forces of the United States?  Yes     No

I certify the information given on this application by me is true and accurate to the best of my knowledge. I understand that false information could result in revocation of my license.



\_\_\_\_\_  
**Signature of Applicant / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE**      **DATE**

**FOR OFFICE USE ONLY**

The Department of Labor will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.	<b>Date:</b>	<b>Lic #:</b>	<b>Receipt #:</b>
	<b>Initials:</b>	<b>Payment Type</b>	<b>Amount:</b>