



# Certificate of Competency Commission

Occupational Licensing Division

[www.oklahoma.gov/labor](http://www.oklahoma.gov/labor)

OKLAHOMA DEPARTMENT OF LABOR

409 NE 28TH St

Oklahoma City, OK 73105

405-521-6100/888-269-5353

|   |                |   |                |
|---|----------------|---|----------------|
| <b>APPLICATION FEE</b>  | <b>\$15.00</b> | <b>Please make your Check, Money Order or Cashier's Check payable to ODOL</b>   |                |
| <b>REQUIRED DOCUMENTATION FOR NEW APPLICANTS</b>  |                |   |                |
| <b>U.S. CITIZENS:</b>   |                | <b>NON-U.S. CITIZENS:</b>   |                |
| <ul style="list-style-type: none"> <li>• Affidavit of Lawful Presence</li> <li>• Copy of current National Board Certification <b>OR</b> API 510</li> <li>• Letter from employer on company letterhead requesting OK Commission and verifying employment</li> <li>• Certificate of Competency Questionnaire</li> <li>• A valid, unexpired Driver's License <b>OR</b> State Issued Photo-Identification Card <b>OR</b> Military ID <b>AND</b></li> <li>• Birth Certificate <b>OR</b> Social Security Card <b>OR</b> A valid, unexpired passport <b>OR</b> A W-2 form from current employer</li> </ul> |                | <ul style="list-style-type: none"> <li>• All required documentation of U.S. Citizens <b>PLUS</b></li> <li>• Verification of Immigration Status</li> </ul> |                |
| <b>All new applicants must appear IN PERSON at the Oklahoma Department of Labor or ODOL approved facility</b>   |                |   |                |
| <b>REQUIRED DOCUMENTATION FOR RENEWAL APPLICANTS</b>  |                |   |                |
| Renewal applications can be mailed in to the Oklahoma Department of Labor with the following items:   |                |   |                |
| <b>U.S. CITIZENS:</b>   |                | <b>NON-U.S. CITIZENS:</b>   |                |
| <ul style="list-style-type: none"> <li>• Copy of current, unexpired Driver's License</li> <li>• Letter from Employer requesting commission</li> <li>• Copy of Board Certification</li> <li>• New questionnaire every 5 years</li> </ul>   |                | <ul style="list-style-type: none"> <li>• All required documentation of U.S. Citizens <b>PLUS</b></li> <li>• Verification of Immigration Status</li> </ul> |                |
| OK Commission #, if not new:  |                | <b>All renewal applicants must appear IN PERSON at the Oklahoma Department of Labor every ten years</b>   |                |
| <b>APPLICANT INFORMATION</b>  |                |   |                |
| Name:   |                | Social Security #:  | Date of Birth: |
| Mailing Address:  | City           | State:  | Zip Code:      |
| Cell Phone #: (    )  |                | E-mail Address (REQUIRED):  |                |
| <b>INSURANCE COMPANY INFORMATION</b>  |                |   |                |
| Name of Insurance Company/Owner User Company Employed By:   |                | NAIC #  | Owner/User #:  |
| Mailing Address:  | City           | State:  | Zip Code:      |
| Phone #: (    )   |                | E-mail Address (REQUIRED):  |                |
| <b>MILITARY STATUS</b>  |                |   |                |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                |   |                |
| If yes, provide date of discharge/transfer: _____   |                |   |                |
| Are you a spouse of an active duty member of the Armed Forces of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                |   |                |
| I certify all statements are true to the best of my knowledge and that all work shall be done in compliance with the State of Oklahoma boiler law, rules, and regulations adopted by the Oklahoma Department of Labor.  |                |   |                |
| <b>Applicant Signature / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE AND FEE</b>  |                |   | <b>DATE</b>    |

**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. | Date:     | Lic #:        | Receipt #: |
|   | Initials: | Payment Type: | Amount:    |



**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 which of the following statements apply):

- I am a United States citizen.
- I am a qualified alien under the Federal Immigration and Nationality Act and lawfully present in the United States.

Alien or Admission Number: \_\_\_\_\_

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

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

City & State: \_\_\_\_\_ Print Name: \_\_\_\_\_

If applying to renew a license, permit, or certificate, please write the number: \_\_\_\_\_

**INSTRUCTIONS FOR USE OF THE AFFIDAVIT OF LAWFUL PRESENCE BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT, OR CERTIFICATE**

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, permit, or certificate, this form should **not** be used, but rather, either the form titled "***Affidavit of Lawful Presence by Parent or Guardian 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 United States citizen***". 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 lawfully present in the United States***".
3. In the space after the word "***Date***", the person executing this form should write today's date. In the space after the words "***City & State***", 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 or incarceration of no 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.