



**COMPANY - Repair, Service, Install
License Application**
Occupational Licensing Division
www.oklahoma.gov/labor

OKLAHOMA DEPARTMENT OF LABOR
409 NE 28th St
Oklahoma City, OK 73105
405-521-6100/888-269-5353

APPLICATION TYPE	APPLICATION FEE	Please make your Check, Money Order or Cashiers Check payable to ODOL	
<input type="checkbox"/> New	\$100.00	If license expired over 90 days, applicant must meet requirements for new issuance	
APPLICANT INFORMATION			
Company Name:		Contact Person:	
Mailing Address:	City:	State:	Zip Code:
Phone #: ()		E-mail Address (REQUIRED):	
Owner's Name:			
Federal Employees Identification Number (FEIN):			
Physical Location of Plant or Shop (Business Applicants Only):			
Please check appropriate boxes opposite the type of vessel you wish to install, service, and/or repair:			
ASME Section I (power boilers)	INSTALL <input type="checkbox"/>	SERVICE <input type="checkbox"/>	REPAIR <input type="checkbox"/>
ASME Section IV (heating boilers)	INSTALL <input type="checkbox"/>	SERVICE <input type="checkbox"/>	REPAIR <input type="checkbox"/>
ASME Section VIII (pressure vessels)	INSTALL <input type="checkbox"/>	SERVICE <input type="checkbox"/>	REPAIR <input type="checkbox"/>
Is welding to be performed on any pressure part of items? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If welding is to be performed, refer to the Oklahoma Boiler and Pressure Vessel Safety Act (current as of January 14, 2019)---Rule 380:25-13-3, for additional requirements.			
Are you in possession of a current certificate of authorization for use of the ASME Code Symbol Stamp? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you in possession of a current certificate of authorization for use of the National Board "R" Stamp? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If YES, list stamps and expiration dates and provide current copies of each.			
STAMP	CERTIFICATE NUMBER	EXPIRATION DATE	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Are you a Certified National Board (NB) or American Petroleum Institute (API) Owner/User? _____			
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? <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.			
Company Official Signature / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE AND FEE			DATE



FOR DOL INSPECTORS ONLY

Name of Company, Firm, or Organization: _____

Name of Person Interviewed: _____

Are current editions of ASME Codes available? YES NO

Does applicant have current copy of NBIC? YES NO

Does applicant have a copy of Oklahoma Boiler and
Pressure Vessel Safety Act and Administrative Law? YES NO

How long has applicant been in business? YEARS _____

Does applicant know how to rate a safety valve? YES NO

Scope of License applied for: _____

If application is to include welding, have the additional requirements of Rule 380:25-13-3 of the Oklahoma Boiler Law been met?
YES NO

If NO, explain: _____

In your opinion, is the applicant qualified to perform the duties within the scope of the license applied for? YES NO

Recommendations: _____

ASME Section I (power boilers)	INSTALL <input type="checkbox"/>	SERVICE <input type="checkbox"/>	REPAIR <input type="checkbox"/>
ASME Section IV (heating boilers)	INSTALL <input type="checkbox"/>	SERVICE <input type="checkbox"/>	REPAIR <input type="checkbox"/>
ASME Section VIII (pressure vessels)	INSTALL <input type="checkbox"/>	SERVICE <input type="checkbox"/>	REPAIR <input type="checkbox"/>

Approved by

Date

Signature of Inspector

Date of Report

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: