



Service, Repair and/or Installation License
RENEWAL Application For Individuals
 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"/> Renewal	\$100.00	If license expired over 90 days, applicant must meet requirements for new issuance	
APPLICANT INFORMATION			
Applicant Name:		License #	
Mailing Address:	City:	State:	Zip Code:
Phone #:		Social Security Number:	
ISR Contractor Name & License #:			
Relationship to Contractor:		E-mail Address (REQUIRED):	
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"/>
Please list evidence of skills and experience that qualify you for the license:			

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.			
Applicant Signature / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE AND FEE			DATE
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:

