

## Certificate Inspector License Renewal Application

*Elevator Occupational Licensing* <u>www.oklahoma.gov/labor</u>

APPLICATION TYPE	APPLICATION FEE	Please make your Check, Money Order or Cashier's Check payable to ODOL		
Reinstatement Replacement	\$100.00 \$110.00 *if license expired, but \$200.00 *If license expired <b>MOR</b> \$25.00		ODOL License #:	
REQUIRED DOCUMENT	ATION FOR RENEWAL APPLICAN	<u>TS</u>		
<ul> <li>determined by the Cou</li> <li>Current certificate of i</li> <li>8 hours continuing ed</li> <li>Copy of Unexpired Dri State issued Photo-ide Military ID <u>AND</u></li> <li>Copy of Expiring Occu</li> </ul>	nsurance ucation as outlined in <b>OAC 380:70-5-7</b> ver's License <u>OR</u> entification Card <u>OR</u> pational License <u>IN PERSON</u> at the Oklahoma Depart	<ul> <li>Current cer</li> <li>Current cer</li> <li>8 hours cor</li> <li>Copy of un- State issue</li> <li>Military ID</li> <li>Verification</li> <li>Copy of Exp</li> </ul>	ASME QEI-1 certification or equivalent standard as ed by the Commissioner ertificate of insurance entinuing education as outlined in OAC 380:70-5-7 nexpired Driver's License <u>OR</u> ed photo-identification Card <u>OR</u>	
Name:		Social Security #:	Date of Birth:	
Mailing Address:	City	 :	State: Zip Code:	
Cell Phone #: ( )		E-mail Address:		
Employed By:				
MILITARY STATUS:				
	ational Guard or Reserves, or transf			
*Are you a spouse of an	active duty member of the Armed	Forces of the United State	es? □Yes □No	
I certify all statements are rules, and regulations add that in the event of my le	e true to the best of my knowledge an	d that all work shall be don f Labor; I also certify I am a notify the Oklahoma Depar	ne in compliance with the State of Oklahoma elevator la actively employed by the company I'm representing and rtment of Labor.	
	e / AFFLICATION CANNOT BE FRO	CLISED WITHOUT A SIC		
OR OFFICE USE ONLY		Date:	Lic #: Receipt #:	

The Department of Labor will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital	<u>Date:</u>	<u>Lic #:</u>	<u>Receipt #:</u>
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.	<u>Initials:</u>	Payment Type:	<u>Amount:</u>



The Elevator Certificate Inspector License allows the licensee to witness periodic tests as well as conduct inspections for the issuance of a Certificate of Operation.

## ATTESTATION FOR ELEVATOR CERTIFICATE INSPECTOR LICENSE:

The enclosed application, which is specific to the undersigned's application for elevator license, reflects the following requirements outlined in the Elevator Safety Act, Oklahoma Administrative Code (OAC) 380:70-5-6.

## (Please initial to acknowledge your agreement)

The undersigned, as applicant for the enclosed elevator license, shall not engage in the sale of any service, article, or device relating to elevators or conveyances of their \_\_\_\_\_ appurtenances covered by this Act.

The undersigned, as applicant for the enclosed elevator Inspector license, shall not hold a current Elevator Contractor's License or an Elevator Mechanic's License.

In accordance with 12 OS §. 426, I state under penalty of perjury under the laws of Oklahoma that the forgoing is true and correct.

Print Name: \_\_\_\_\_\_ Name of Company: \_\_\_\_\_\_

Signature:\_\_\_\_\_Date:\_\_\_\_\_Date:\_\_\_\_\_

## This signed statement under penalty of perjury shall constitute a legally binding assertion that the contents of the statement to which it refers are true.

If you have any questions, please call the Licensing division at (888) 269-5353 or (405) 521-2150.

Sincerely,

Licensing Division Oklahoma Department of Labor