



# Weld Test Facility Application Affidavit

Occupational Licensing Division

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

OKLAHOMA DEPARTMENT OF LABOR

409 NE 28<sup>th</sup> St

Oklahoma City, OK 73105

405-521-6100/888-269-5353

<b>APPLICATION FEE</b>		\$250.00	
<input type="checkbox"/> <b>Owner/User</b> <input type="checkbox"/> <b>Public (non-owner/user)</b>		Testing Lab #, if not new: _____	
<b>REQUIRED DOCUMENTATION FOR ALL APPLICANTS</b>			
<ul style="list-style-type: none"> <li>List of all Weld Inspectors for this Test Facility (must have at least one (1))</li> <li>Payment</li> </ul>			
Facility Name:			
Contact Name:			
Mailing Address:		City	State
Phone: (    )		E-mail Address:	
Weld Inspector		ODOL Lic Number	
1.			
2.			
3.			
4.			
5.			
<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			
Upon oath, I, the owner, manager or officer of the undersigned company or firm, state that I/we have adopted Oklahoma Welding Rules and Procedures for Weld Testing in conformity with the Oklahoma Welding Act, Title 50 O.S., Section 1624 – 1641. The undersigned further states that Oklahoma procedures for qualifying and testing of welders have been followed, and that all welders will be tested, and that all welds made will be in the presence of an inspector certified and approved by the Department of Labor			
SIGNATURE OF FACILITY OFFICIAL		TITLE	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.	Date:	Lic #:	Receipt #:
	Initials:	Payment Type:	Amount: