



Individual Renewal Application
 Alarm, Locksmith, and Fire Sprinkler Program
www.ok.gov/odol

OKLAHOMA DEPARTMENT OF LABOR
 3017 N. Stiles, Suite 100
 Oklahoma City, OK 73105
 405-521-6100/888-269-5353
 M-F 8:00am-4:30pm

****Renewal Fee is based on the highest position you hold.**

<u>LICENSE POSITION</u>	<u>RENEWAL FEE</u>	EXACT AMOUNT IS RECOMMENDED FEE IS NON-REFUNDABLE
<input type="checkbox"/> Manager	\$100.00	
<input type="checkbox"/> Technician	\$35.00	
<input type="checkbox"/> Salesperson	\$35.00	
<input type="checkbox"/> Fire Sprinkler Inspector	\$35.00	
<input type="checkbox"/> Trainee	\$25.00	
<input type="checkbox"/> Fire Sprinkler Trainee	\$15.00	

NOTE: *RENEWAL FEE WILL BE DOUBLED FOR LICENSES EXPIRED OVER 30 DAYS

REQUIRED DOCUMENTATION FOR RENEWAL APPLICANTS:

- Copy of current, unexpired Driver's License **OR**
 State issued photo-identification card **OR**
 Military ID **AND**
- Copy of Expiring Occupational License (recommended)

All renewal applicants must appear **IN PERSON** at the Oklahoma Department of Labor or approved facility **ONCE** every ten years.

Name:	Occupational License #:
--------------	--------------------------------

Mailing Address:	City:	State:	Zip Code:
-------------------------	--------------	---------------	------------------

Social Security #:	Date of Birth:
---------------------------	-----------------------

Cell Phone: ()	E-mail Address (REQUIRED):
---------------------------	-----------------------------------

Company Name & License #:	APPLICANTS MUST BE EMPLOYED BY A LICENSED COMPANY TO RECEIVE A LICENSE
--------------------------------------	-----------------------------------------------------------------------------------

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? Yes No

If yes, provide date of discharge/coming off Active Duty/transfer: _____

Are you a spouse of an active duty member of the Armed Forces of the United States? Yes No

I certify the information given on this application by me is true and accurate to the best of my knowledge. I understand that false information could result in revocation of my license.



Signature of Applicant / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE AND FEE **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.	<u>Date:</u>	<u>Lic #:</u>	<u>Receipt #:</u>
	<u>Initials:</u>	<u>Payment Type:</u>	<u>Amount:</u>