



**Company Renewal Application**  
 Alarm, Locksmith, and Fire Sprinkler Program  
[www.ok.gov/odol](http://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

<b>APPLICATION TYPE</b>	<b>APPLICATION FEE</b>	<b>EXACT AMOUNT IS RECOMMENDED FEE IS NON-REFUNDABLE</b>
<input type="checkbox"/> Renewal	\$250.00	
<b>NOTE: NO FEE if sole proprietor Locksmith ONLY with NO employees</b>		
<b>NOTE: *RENEWAL FEE WILL BE DOUBLED FOR LICENSES EXPIRED OVER 30 DAYS</b>		

**REQUIRED DOCUMENTATION FOR RENEWAL APPLICANTS:**

- Copy of manager's current license
- Employee list

Company Name:	Company License #:
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Physical Address:	City:	State:	Zip Code:
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Mailing Address (if different)	City:	State:	Zip Code:
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Phone: (    )	E-mail Address:
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Manager Name & Lic #:	Manager Phone #:
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2 <sup>nd</sup> Manager Name & Lic #:	2 <sup>nd</sup> Manager Phone #:
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**Branch Offices**  
 Please list all locations of branch offices in Oklahoma on page 3)

**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.

<b>1<sup>st</sup> Manager Signature</b>	<b>Printed Name</b>	<b>DATE</b>
<b>2<sup>nd</sup> Manager Signature</b>	<b>Printed Name</b>	<b>DATE</b>

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:



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**Listed Employees**

Manager \_\_\_\_\_ Categories: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Lic Held: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Lic Held: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Lic Held: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Lic Held: \_\_\_\_\_

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Name: \_\_\_\_\_ Position/Lic Held: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Lic Held: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Lic Held: \_\_\_\_\_

Name: \_\_\_\_\_ Position/Lic Held: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED.**  
**IF ADDITIONAL ROOM IS NEEDED, MAKE COPIES OF THIS PAGE.**



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**Branch Offices**

**Please list all locations of branch offices in Oklahoma (if additional space needed, please make copies of this page)**

**Doing Business As (if different):**

**Physical Address:** **City:** **Zip Code:**

**Mailing Address (if different):** **City:** **Zip Code:**

**Office Phone #:** **Manager Name & Lic #:**

**Manager Phone #:** **E-mail Address:**

**DBA (if different):**

**Physical Address:** **City:** **Zip Code:**

**Mailing Address (if different):** **City:** **Zip Code:**

**Office Phone #:** **Manager Name & Lic #:**

**Manager Phone #:** **E-mail Address:**

**DBA (if different):**

**Physical Address:** **City:** **Zip Code:**

**Mailing Address (if different):** **City:** **Zip Code:**

**Office Phone #:** **Manager Name & Lic #:**

**Manager Phone #:** **E-mail Address:**