Salesperson 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

APPLICATION TYPE	APPLICATION FEE	EXACT AMOUNT IS RECOMMENDED
☐New	$49.00	FEE IS NON-REFUNDABLE

If Application process not completed within 120 days of submission, a new application (and fee) will need to be filed.

REQUIRED DOCUMENTATION FOR NEW APPLICANTS:

U.S. CITIZENS:

- Affidavit of Lawful Presence, signed
- A valid, unexpired Driver's License **OR** State Issued Photo-Identification Card **OR** Military ID **AND**
- Birth Certificate **OR** Social Security Card **OR** A valid, unexpired passport **OR** A W-2 form/1099 form from current employer
- Two completed (2) fingerprint cards

NON-U.S. CITIZENS:

- Verification of Immigration Status
- Affidavit of Lawful Presence, signed
- A valid, unexpired Driver's License **OR** State Issued Photo-Identification Card **OR** Military ID **AND**
- Birth Certificate **OR** Social Security Card **OR** A valid, unexpired passport **OR** A W-2 form/1099 form from current employer
- Two completed (2) fingerprint cards

All new applicants must appear IN PERSON at the Oklahoma Department of Labor or ODOL approved facility

Category: ☐Access Control ☐ Closed Circuit Television ☐Commercial Fire Alarm ☐Locksmith ☐Nurse Call ☐Burglar/Residential Fire Alarm

Name:	**Applicant Hire Date:**
Mailing Address: **City:** **State:** **Zip Code:**	
Social Security #:	**Date of Birth:**
Phone: ( )	**E-mail Address (REQUIRED):**
Company Name & License #:	**Company Manager & License #:**

Signature of Manager **Date**

License will NOT be issued without proof of employment from Licensed Company once exams are passed

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

Signature of Applicant / *APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE AND FEE* **DATE**

Be aware by completing this application you are submitting to a national Federal Bureau of Investigation background check. Your criminal history record search obtained pursuant to U.S. Department of Justice Order 556-73 may not meet employment requirements. Should this be the case, you will have the opportunity to appeal to the Alarm/Locksmith Advisory Board. If you would like additional information regarding your background check, please refer to the Federal Bureau of Investigation website at www.FBI.gov.

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: