



# Company Manager Application Certificate of Applicant's Experience

Alarm, Locksmith, and Fire Sprinkler Program  
[www.oklahoma.gov/labor](http://www.oklahoma.gov/labor)

OKLAHOMA DEPARTMENT OF LABOR

409 NE 28th St, 3rd Floor  
Oklahoma City, OK 73105  
405-521-6100/888-269-5353

<b>Applicant Name:</b>	<b>Current License # (if applicable):</b>
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### READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

The applicant named on this form is required to furnish one or more certificates in support of their experience. The applicant, therefore, is requesting their current and/or previous employer to certify knowledge of experience. All statements made on behalf of an applicant's experience in the classification cited on this form shall be verified by a qualified and responsible person.

Category/Required Hours	Licensed Technical Hours	Sales Hours	Total Hours
Burglar Alarm (8000 Hours)			
Fire Residential (8000 Hours)			
Fire Commercial (8000 Hours*)			
Closed Circuit Television (4000 Hours*)			
Access Control (4000 Hours*)			
Nurse Call (4000 Hours*)			
Locksmith			
Fire Sprinkler **			

\* Requirements per Alarm, Locksmith, and Fire Sprinkler Industry Act 59 O.S. § 1800.7 (6).

\*\* Applicant must provide current NICET Level III or Level IV certificate or wallet card for Water-Based Systems Layout **OR** verified minimum of 5 years (10,000 Hours) as a Technician level employee within the Fire Sprinkler industry and the Fire Sprinkler Plan & Design Exam.

Describe in detail the type of work performed by applicant: \_\_\_\_\_

Please identify your business relationship to the applicant \_\_\_\_\_

I certify that I have direct knowledge that said applicant was employed by \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_ Company name & License # (if applicable)  
date date

to perform work in accordance with the Oklahoma Alarm and Locksmith Licensing Act. I state under penalty of perjury under the laws of Oklahoma that the forgoing is true and correct and that I have read and understand this form and executed it in my own hand.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

City & State: \_\_\_\_\_ Print Name: \_\_\_\_\_

### INSTRUCTIONS FOR USE OF THE AFFIDAVIT BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT, OR CERTIFICATE

The person signing this form must read these instructions carefully.

- In the space after the word "**Date**", the person executing this form should write today's date. The person executing this form should indicate the city and state where they are actually located when they sign this form.
- Within the context of the execution of this form, the term "*penalty of perjury*" means the willful assertion of the fact of either United States citizenship or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such willful assertion on this form, knowing it to be false, is a crime in Oklahoma and may be punishable by a term or incarceration of not more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury and may be punished in the same manner as he would be if personally guilty of the perjury so procured.