



Company Application

Alarm, Locksmith, and Fire Sprinkler Program
oklahoma.gov/labor

OKLAHOMA DEPARTMENT OF LABOR

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

APPLICATION TYPE <input type="checkbox"/> New		APPLICATION FEE \$250.00		FEE IS NON-REFUNDABLE	
NOTE: NO FEE if Locksmith ONLY sole proprietor					
If Application not completed within 120 days of submission, a new application will need to be filed.					
REQUIRED DOCUMENTATION FOR NEW APPLICANTS:					
<ul style="list-style-type: none"> • Oklahoma Secretary of State registration (current) <ul style="list-style-type: none"> ○ If Doing Business As (DBA) – MUST provide current registration for each DBA • Articles of Corporation OR Operating Agreement 					
Company Name:			Federal Tax #:		State Tax #:
Physical Address:		City:	State:	Zip Code:	
Mailing Address (if different):		City:	State:	Zip Code:	
Phone: ()			E-mail Address:		
Number of Years Company has been in Business:			Number of Employees:		
Who will be the monitoring station for your accounts?					
Company Manager Name & License #:			Manager Cell Phone #:		
CATEGORIES HELD BY MANAGER: <input type="checkbox"/> Burglar Alarm/Residential Fire Alarm <input type="checkbox"/> Commercial Fire Alarm <input type="checkbox"/> Electric Access Control <input type="checkbox"/> Closed Circuit Television <input type="checkbox"/> Nurse Call <input type="checkbox"/> Locksmith <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Monitoring					
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
I certify the information given on this application by me and on the attached certification is true and accurate to the best of my knowledge. I understand that false information could result in revocation of my license.					
Signature of <u>Applicant</u> / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE AND FEE					DATE
Signature of <u>Manager</u> / 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:



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Please submit the following for each officer of the corporation AND of each partner or shareholder who owns an interest in the entity of twenty-five percent (25%) or greater :

- 2 completed finger print cards
- Color copy of 2 forms of ID
- Color passport photo

Officer of Corporation:

President:

Phone #:

Address:

City:

State:

Zip:

Vice President:

Phone #:

Address:

City:

State:

Zip:

Secretary:

Phone #:

Address:

City:

State:

Zip:

Branch Offices

Please list all locations of branch offices in Oklahoma (if additional space needed, please add as an attachment)

All DBA (Doing Business As) company names MUST be filed with the Oklahoma Secretary of State

Doing Business As (If different):

Physical Address:

City:

State:

Zip:

Mailing Address (if different):

City:

State:

Zip:

Office Phone #:

Manager Name & Lic #:

Manager Phone #:

E-mail Address:

Manager Signature

DBA (If different):

Physical Address:

City:

State:

Zip:

Mailing Address (if different):

City:

State:

Zip:

Office Phone #:

Manager Name & Lic #:

Manager Phone #:

E-mail Address:

Manager Signature



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Listed Employees

Manager: _____ Categories: _____

Name: _____ Position/Lic Held: _____

Name: _____ Position/Lic Held: _____

Name: _____ Position/Lic Held: _____

Name: _____ Position/Lic Held: _____

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: _____

Name: _____ Position/Lic Held: _____

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

Privacy Act Statement and Applicant Notification

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Public Law 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or other responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Record Challenge

Applicant Record Challenge: Before a final decision is made, you have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record is set forth in Title 28, CFR 16.34. For information on updating the national criminal history record, visit www.FBI.gov or <https://www.fbi.gov/cjis/identity-history-summary-checks#challenge-of-an-identity-history-summary>.

If certified documents are obtained for the purpose of updating your criminal history record, the documents should be forwarded to the FBI and to the repository in the state where the arrest occurred.

Notice Regarding Use of Criminal History

The criminal offenses of applicants for licensure under the Alarm, Locksmith & Fire Sprinkler Industry Act may be used as a basis for denial of a license. The Oklahoma Department of Labor ("ODOL") will consider all convictions and pleas of guilty or nolo contendere and all pending charges to all felony offenses for which less than five years have elapsed since the date of conviction, plea, or release from incarceration, whichever is later. ODOL will also consider convictions and pleas of guilty or nolo contendere to a felony offense when more than five years have elapsed since the date of conviction, plea, or release from incarceration: if the person has been convicted of a new crime; for an offense enumerated in 57 O.S. § 571; for a felony involving domestic assault, domestic assault and battery, or domestic abuse as defined in 21 O.S. § 644; for an offense that would require registration as a sex offender pursuant to the Sex Offenders Registration Act; or any equivalent law from another jurisdiction.

Pursuant to 59 O.S. § 4000.1(F), prospective applicants may request an initial determination of whether their criminal history record may disqualify them from obtaining a license from ODOL. The request shall be in writing and shall include either a copy of the person's criminal history record with explanation of each conviction mentioned in the criminal history record or a statement describing each criminal conviction including the date of each conviction, the court of jurisdiction and the sentence imposed. The person may include a statement with his or her request describing additional information for consideration by the licensing or certification authority. The fee for such a determination is \$95.00. 59 O.S. § 4000.1(J).