



Hire and Termination Form

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

OKLAHOMA DEPARTMENT OF LABOR

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Oklahoma City, OK 73105
405-521-6100/888-269-5353
FAX 405-521-6019
ODOL.Licensing@labor.ok.gov

In Accordance with: OAC 380:75-3-2(A)(1)

Company Name:

Company License:

Phone: ()

E-mail Address (REQUIRED):

Company Manager Name:

License #:

Name _____ License # _____ Date: _____ Hire Term

Name _____ License # _____ Date: _____ Hire Term

Name _____ License # _____ Date: _____ Hire Term

Name _____ License # _____ Date: _____ Hire Term

Name _____ License # _____ Date: _____ Hire Term

Name _____ License # _____ Date: _____ Hire Term

Name _____ License # _____ Date: _____ Hire Term

Name _____ License # _____ Date: _____ Hire Term

Name _____ License # _____ Date: _____ Hire Term

Name _____ License # _____ Date: _____ Hire Term

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



Date: _____

Manager Signature

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:

Initials: