



# Certificate of Competency Commission

Occupational Licensing Division

[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 FEE</b>	<b>\$15.00</b>	<b>Please make your Check, Money Order or Cashier's Check payable to ODOL</b>
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### REQUIRED DOCUMENTATION FOR NEW APPLICANTS

#### U.S. CITIZENS:

- Affidavit of Lawful Presence
- Copy of current National Board Certification
- Letter from employer on company letterhead requesting OK Commission and verifying employment
- Certificate of Competency Questionnaire
- 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 from current employer

#### NON-U.S. CITIZENS:

- All required documentation of U.S. Citizens **PLUS**
- Verification of Immigration Status

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

### REQUIRED DOCUMENTATION FOR RENEWAL APPLICANTS

Renewal applications can be mailed in to the Oklahoma Department of Labor with the following items:

#### U.S. CITIZENS:

- Copy of current, unexpired Driver's License
- Letter from Employer requesting commission
- Copy of Board Certification
- New questionnaire every 5 years

#### NON-U.S. CITIZENS:

- All required documentation of U.S. Citizens **PLUS**
- Verification of Immigration Status

OK Commission #, if not new:
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All renewal applicants must appear **IN PERSON** at the Oklahoma Department of Labor every ten years

### APPLICANT INFORMATION

Name:	Social Security #:	Date of Birth:
Mailing Address:	City	State: Zip Code:
Cell Phone #: ( )	E-mail Address (REQUIRED):	

### INSURANCE COMPANY INFORMATION

Name of Insurance Company/Owner User Company Employed By:	NAIC #	Owner/User #:
Mailing Address:	City	State: Zip Code:
Phone #: ( )	E-mail Address (REQUIRED):	

### 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/transfer: \_\_\_\_\_

Are you a spouse of an active duty member of the Armed Forces of the United States?  Yes  No

I certify all statements are true to the best of my knowledge and that all work shall be done in compliance with the State of Oklahoma boiler law, rules, and regulations adopted by the Oklahoma Department of Labor.



<b>Applicant Signature / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE AND FEE</b>	<b>DATE</b>
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### 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: