



Certificate of Competency Commission

Occupational Licensing Division

www.oklahoma.gov/labor

OKLAHOMA DEPARTMENT OF LABOR

409 NE 28TH St, 3rd Floor

Oklahoma City, OK 73105

405-521-6100/888-269-5353

APPLICATION FEE	\$15.00	Please make your Check, Money Order or Cashier's Check payable to ODOL
REQUIRED DOCUMENTATION FOR NEW APPLICANTS		
U.S. CITIZENS:		
<ul style="list-style-type: none"> • 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:		
<ul style="list-style-type: none"> • 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:		
<ul style="list-style-type: none"> • 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:		
<ul style="list-style-type: none"> • All required documentation of U.S. Citizens PLUS • Verification of Immigration Status 		
OK Commission #, if not new:		
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.		
Applicant Signature / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE AND FEE		DATE

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: