



# Contractor License Application

Elevator Occupational Licensing

[www.oklahoma.gov/labor](http://www.oklahoma.gov/labor)

OKLAHOMA DEPARTMENT OF LABOR

409 NE 28<sup>th</sup> St, 3<sup>rd</sup> Floor

Oklahoma City, OK 73105

405-521-6100/888-269-5353

<u>APPLICATION TYPE</u>	<u>APPLICATION FEE</u>	
<input type="checkbox"/> New	\$200.00	<b>Please make your Check, Money Order or Cashiers Check payable to ODOL</b>
<input type="checkbox"/> Renewal	\$200.00	
<input type="checkbox"/> Late Renewal	\$210.00 *if license expired, but <b>LESS</b> than 30 days	
<input type="checkbox"/> Reinstatement	\$300.00 *If license expired <b>MORE</b> than 30 days but less than 365 days	
<input type="checkbox"/> Replacement	\$25.00	

**All new applicants must provide payment along with this application, as well as demonstrate proper qualifications by submitting the following documentation (This is found in OAC 380:70-5-1):**

- Verification of liability insurance
- Documentation attesting to qualifications as an Elevator Contractor (Elevator Mechanic licensed by Department of Labor in good standing)
- Proof of registration with the Oklahoma Secretary of State.

All agencies and/or individuals listed on this form may be contacted by the Oklahoma State Department of Labor to verify the information provided.

**All renewal applicants must provide payment, proof of eight (8) hours of continuing education, and current certificate of insurance along with this application.**

- 8 hours continuing education as outlined in **OAC 380:70-5-7**
- Verification of Liability Insurance

ODOL License #, if not new:  
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## APPLICANT INFORMATION

Limited Contractor?  YES  NO

Organization Name:

FEIN:

Mailing Address:

City

State

Zip Code

Phone #: (    )

E-mail Address:

Point of Contact:

Title:

Branch Office Address:

City

State

Zip Code

Point of Contact:

Title:

**APPROXIMATE NUMBER OF LICENSED ELEVATOR MECHANICS EXPECTED TO BE EMPLOYED:**

### 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:

<b>RESPONSIBLE PARTY INFORMATION **REQUIRED IN ACCORDANCE WITH OAC 380:70-5-1(d)(8)(A)</b>			
Licensed Mechanic Name:			DOL License #
Mailing Address:	City	State	Zip Code
Cell Phone #: (    )	E-mail Address:		
<b>2<sup>nd</sup> RESPONSIBLE PARTY INFORMATION (If applicable)</b>			
Name:			Title:
Mailing Address:	City	State	Zip Code
Phone #: (    )	E-mail Address:		
<b>SERVICE AGENT (If applicable)</b>			
Name:			Title:
Mailing Address:	City	State	Zip Code
Cell Phone #: (    )	E-mail Address:		
<b>LIST THE NAMES AND HOME ADDRESSES OF THE OFFICERS, PRINCIPALS, PARTNERS AND PROPRIETORS (If applicable)</b>			
Name:		Title & Capacity:	
Mailing Address:	City	State	Zip Code
<b>SCOPE OF WORK (Limited Contractor Applicant only)</b>			
<b>MILITARY STATUS:</b>			
<p>*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: _____</p> <p>*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</p>			
<p>I further affirm, upon my oath, to follow Title 59 of the Oklahoma Statutes, Sections 3020 through 3025 as amended, and any rules adopted by the Commissioner of Labor relative to any procedures and standards adopted thereto, and agree to abide by all Child Labor Law, Federal and State, and any and all Workers Compensation Insurance Laws of the State of Oklahoma. I understand that a violation of any law or rule may subject my license to be suspended or revoked, or subject me to cease and desist orders, injunctive measures, and criminal penalties for willful violation.</p> <p>I, upon my oath, do state that the above information is a true statement, and further state that I am not under any type of disciplinary action, including license revocation or suspension, by any State or political division thereof, or by the United States government, for any illegal or improper activity involving elevators and/or conveyances.</p> <p>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 elevator law, rules, and regulations adopted by the Oklahoma Department of Labor; I also certify I am actively employed by the company I'm representing and that in the event of my leaving said firm, agree to immediately notify the Oklahoma Department of Labor.</p>			
 Applicant Signature / <b>APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE AND FEE</b>			DATE