

## **Special Inspector License Renewal Application**

Elevator Occupational Licensing
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

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APPLICATION TYPE	APPLICATION FEE			Diago	maka yayı C	Shook Manay Orda	
□Renewal	Please make your Check, Money Order  \$100.00  Or Cashier's Check payable to ODOL					er	
☐ Late Renewal	\$110.00 *if license expired, but LESS than 30 days						
$\square$ Reinstatement	\$200.00 *If license expired	30 days but less than 365	days	ODOL Licer	nse #:		
□Replacement \$25.00							
REQUIRED DOCUMENTATION FOR RENEWAL APPLICANTS							
REQUIRED DOCUMENTA	ATION FOR RENEWAL APPL	<u>ICANTS</u>					
<ul><li>Verification of Ir</li><li>8 or more hours</li></ul>	E QEI-1 certification or equivansurance specified in <b>59 O.S.</b> sontinuing education per <b>OA</b> company letterhead from the	§ 3023 (G) AC 380:70-5	5-7			company	
U.S. CITIZENS:	NON-U.S. CIT	NON-U.S. CITIZENS:					
<del></del>		<ul> <li>A valid, unexpired Driver's License <u>OR</u> State Issued Photo</li> </ul>					
<ul> <li>A valid, unexpired Drive Identification Card <u>OR</u></li> </ul>		<ul><li>Identification Card <u>OR</u> Military ID <u>AND</u></li><li>Verification of Immigration Status</li></ul>					
All applicants can appear <u>IN PERSON</u> at the Oklahoma Department of Labor, ODOL approved facility, or provide a current passport photo on initial application and every 10 years thereafter							
Name:		Soc	Social Security #:		Date of Birth:		
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			Т				
Mailing Address: City:		City:		State:	Zip C	ode:	
Cell Phone #: ( )			E-mail Address:				
Employed By:							
MILITARY STATUS:	-						
member of the National Gu If yes, provide date of disch	iths, have you been honorably uard or Reserves, or transferred narge/transfer:	d from anot	her state to Oklahoma?	P □Yes □	,	g off Active Duty as a	
rules, and regulations adop	true to the best of my knowled oted by the Oklahoma Departm ving said firm, agree to immedi	nent of Labo	r; I also certify I am acti	ively employe	ed by the comp		
Applicant Signature	/ APPLICATION CANNOT BI	E PROCESS	SED WITHOUT A SIGN	IATURE ANI	D FEE	DATE	-
FOR OFFICE USE ONLY							
The Department of Labor will not discriminate against any individe because of race, sex, religion, age, national origin, color, marital st disability or political beliefs. If you need help with reading, writing		_	roup Date:	Lic #	<u>#:</u>	Receipt #:	
			I Initials:	Pav	ment Type:	Amount:	
etc., under the Americans with Disabilities Act, you may make your needs known to this agency.			5				



The Elevator Special Inspector License allows an employee of an insurance company to witness periodic tests and conduct inspections for the issuance of a Certificate of Operation for only those elevators or conveyances insured by the licensee's employer.

## ATTESTATION FOR ELEVATOR SPECIAL INSPECTOR LICENSE:

The enclosed application, which is specific to the undersigned's application for elevator license, reflects the following requirements outlined in the Elevator Safety Act, Oklahoma Administrative Code (OAC) 380:70-5-6.

(Please initial to acknowledge your ag	greement)
	nt for the enclosed elevator license, shall not engage in the r device relating to elevators or conveyances of their his Act.
9	t for the enclosed elevator Inspector license, shall not hold r's License or an Elevator Mechanic's License.
In accordance with 12 O.S. § 426, I state forgoing is true and correct.	ate under penalty of perjury under the laws of Oklahoma that the
Print Name:	Name of Company:
Signature:	Date:
This signed statement under penalty of the statement to which it refers a	of perjury shall constitute a legally binding assertion that the contents re true.
If you have any questions, please call	the Licensing division at (888) 269-5353 or (405) 521-6100.
Sincerely,	
Licensing Division	
Oklahoma Department of Labor	