



APPLICATION FEE

New & Renewal \$100.00

Fees are waived if applicant holds current AWS CWI certification and provides a copy of the certification

**Please make your Check, Money Order
or Cashiers Check payable to ODOL**

REQUIRED DOCUMENTATION FOR NEW APPLICANTS

U.S. CITIZENS:

- Affidavit of Lawful Presence, signed
- A copy of current AWS/CWI; **OR**
Meets requirements of OAC 380:20-1-10 **OR**
Proof of current employment if an Owner-User Inspector
- 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:

- Verification of Immigration Status
- Affidavit of Lawful Presence, signed
- A copy of current AWS/CWI; **OR**
Meets requirements of OAC 380:20-1-10 **OR**
Proof of current employment if an Owner-User Inspector
- 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

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

REQUIRED DOCUMENTATION FOR RENEWAL APPLICANTS

U.S. CITIZENS:

- A copy of current AWS/CWI; **OR**
Meets requirements of OAC 380:20-1-10(4)(2); **OR**
Proof of current employment if an Owner-User Inspector
- A valid, unexpired Driver's License **OR** State Issued Photo Identification Card **OR** Military ID

NON-U.S. CITIZENS:

- Verification of Immigration Status
- A copy of current AWS/CWI; **OR**
Meets requirements of OAC 380:20-1-10(4)(2); **OR**
Proof of current employment if an Owner-User Inspector
- A valid, unexpired Driver's License **OR** State Issued Photo Identification Card **OR** Military ID

ODOL License #, if not new:

All renewal applicants must appear IN PERSON at the Oklahoma Department of Labor or approved facility every ten years

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|--------------|---------------------------|-----------------------|------------------|
| Name: | Social Security #: | Date of Birth: | CWI(Y/N): |
|--------------|---------------------------|-----------------------|------------------|

| | | | |
|-------------------------|--------------|---------------|------------------|
| Mailing Address: | City: | State: | Zip Code: |
|-------------------------|--------------|---------------|------------------|

| | |
|--------------------------|------------------------|
| Cell Phone #: () | E-mail Address: |
|--------------------------|------------------------|

Employer – Weld Test Facility:

Additional Employer – Weld Test Facility (if applicable):

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

Upon oath, I, the undersigned, state that I will adhere to the "Oklahoma Boiler and Pressure Vessel Safety Act" and the "Oklahoma Welding Act" and all pertinent Department of Labor rules in the performance of my duties as a Welding Inspector. I attest to the continual or uninterrupted activity in the practice of welding inspection and comply with provisions of Sections 141.1 through 141.20 of Title 40 of the Oklahoma Statutes and 380:25-13-3 of the Oklahoma Administrative Code.

Applicant Signature / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE AND FEE _____ **DATE** _____

FOR OFFICE USE ONLY

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|---|------------------|----------------------|-------------------|-----------------------|
| 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. | <u>Date:</u> | <u>Lic #:</u> | <u>Receipt #:</u> | <u>Approved by:</u> |
| | <u>Initials:</u> | <u>Payment Type:</u> | <u>Amount:</u> | <u>Date approved:</u> |