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**OKLAHOMA CORPORATION COMMISSION**

**PETROLEUM STORAGE TANK DIVISION**

**(405) 521-4683 FAX: (405) 521-4945**

# **LICENSING INFORMATION FOR**

# **ABOVEGROUND STORAGE TANK LICENSEE**

Any company that installs or removes aboveground storage tank systems must have a licensed employee on the jobsite during the installation or removal process regardless of whether it is installing ASTs for itself or for another company.

### THE APPLICATION PROCESS

1. Application and supporting documents need to be submitted to the Petroleum Storage Tank Division along with a $50.00 check or money order made out to the Oklahoma Corporation Commission (OCC)/Petroleum Storage Tank Division (PSTD) for the application fee. Application fees are non-refundable. DO NOT INCLUDE THE LICENSING FEE OR YOUR APPLICATION AND ORIGINAL PAYMENT WILL BE RETURNED.
2. If the application is approved then you will receive an approval to test letter in the mail. Technology centers will be administering the tests at 29 locations across the State of Oklahoma. To find a testing location go to: [www.okhcp.com](http://www.okhcp.com). If your application is denied or more information is needed we will send you a denial letter or request more information.
3. Applicants **MUST** contact the testing center to find out what type of payment is accepted (check, cash or credit card). The testing centers charge $100 per test, this is in addition to the $50.00 OCC fees. An appointment to take the test **MUST** be scheduled.
4. After the test is completed, the testing center will provide a coaching report to the applicant showing the test score.
5. Once a week the Petroleum Storage Tank Division will have the ability to download the scores. If a passing score of 80% or more is obtained, then you will receive an invoice for the license fee. Upon payment, your license will be issued.
6. If a passing score is not received, you will receive another approval to test letter that will be valid 30 days after the date of the original test. After the 30 day waiting period, you may contact the testing center to reschedule the test. You will be required to pay another testing fee..
7. All examinations and licensing procedures must be completed within one (1) year of approval of the application. Failure to complete will result in forfeiture of fees and will require a new application and appropriate fees.
8. All applicants must provide a copy of their 40 hour hazwoper certificate along with their application.
9. Continuing education is required to maintain an AST license; this consists of four (4) hours of continuing education through a Commission approved program every year. Licensees may request to rollover a maximum of four (4) credit hours from the current year to satisfy the following year's continuing education requirements. Approval of any rollover hours will be at the discretion of PSTD after evaluating the class, course, or seminar. In addition, a copy of the 8 hour hazwoper refresher will be required for renewal.

The OCC’s General Rules and Regulations Governing Aboveground Storage Tanks are posted on the OCC website at www.occeweb.com under the "Commission Rules" link, or can be obtained by calling (405) 521-4683. The following materials will help you prepare for the test:

Oklahoma Corporation Commission Chapter 26, Aboveground Storage Tank Rules

National Fire Protection Association Automotive and Marine Service Station Code, NFPA 30A

Spill Prevention Control and Countermeasures (SPCC), 40 CFR 112

Recommended Practices for Installation of ASTs for Motor Fueling, PEI 200

Hazardous Waste Operations and Emergency Response, 29 CFR 1910

**FEES**

Application Fee - $50.00

License Fee - $100.00

Annual License Fee $100.00

**Testing Center Fee - $100/exam, payable to testing center.**

OKLAHOMA CORPORATION COMMISSION

Petroleum Storage Tank Division, Room 480

Jim Thorpe Building – PO Box 52000

Oklahoma City, Oklahoma 73152

## APPLICATION FOR THE

## ABOVEGROUND STORAGE TANK LICENSEE

(PLEASE TYPE OR PRINT)

Name of Applicant:       Date:

Social Security Number:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:       Home/Cell Phone:

City:       State:       Zip:

E-mail:

Company Name:

Company Address:

City, State, Zip:       Phone:

Which address would you prefer to receive mail pertaining to your license?

Home:       Company:

[ ]  Please attach a copy of your 40 hour Hazwoper and the 8 hour refresher certificates.

List any related professional registrations and licenses you hold. Include type of license, license number, issuing agency, date issued, expiration date:

|  |
| --- |
| If you have had a business or occupational license or certificate suspended or revoked, give the date and nature of the suspension/revocation.        |

Work experience related to aboveground storage tank installations (begins with present position and list prior employers):

|  |  |  |  |
| --- | --- | --- | --- |
| Dates Employed | Employer Name | Address | Phone Number |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Please list any work experience you received in the military related to aboveground storage tank installations (begins with present position and list prior employers):

|  |  |  |  |
| --- | --- | --- | --- |
| Dates Employed | Employer Name | Address | Phone Number |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Are you an honorably discharged member of the Armed Forces? Yes [ ]  No [ ]  If yes, please attach a copy of your DD-214.

Are you an active duty member of the Armed Forces?

Yes [ ]  No [ ]  If yes, please attach a copy of your active duty ID card.

Is your spouse active duty member of the Armed Forces in any state? Yes [ ]  No [ ]  If yes, please attach a copy of your dependent ID card.

Is your spouse the subject to a military transfer to this state? Yes [ ]  No [ ]  If yes, please provide a copy of the transfer papers.

Did you leave employment in another state to accompany your spouse to this state?

Yes [ ]  No [ ]

Are you certified or licensed in another state to perform Aboveground Storage Tank licensee duties? Yes [ ]  No [ ]  If yes, please attach a copy of your license.

Applicant must demonstrate that he/she has two (2) years related AST work experience within the last five (5) years and show evidence that he/she has actively participated in the completion of three (3) AST activities, two of which must be installations**. The supervisor must fill out the attached forms below and verify the work performed**. If the applicant is a current AST license holder in another state, work experience performed in that state under that license may be submitted for work performed below. Attach a copy of current licenses. List references below.

1) Contractor/Company Name:

Supervisor’s Name:       Phone:

Facility Name:

Owner’s Name:       Phone:

 Date of Job:

Supervisor must state in detail the type of work that applicant **actively participated** in at this site:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors Name Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and Sworn before me this \_\_\_ Day of \_\_\_\_\_\_, 20\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Contractor/Company Name:

Supervisor’s Name:       Phone:

Facility Name:

Owner’s Name:       Phone:

 Date of Job:

Supervisor must state in detail the type of work that applicant **actively participated** in at this site:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors Name Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and Sworn before me this \_\_\_ Day of \_\_\_\_\_\_, 20\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Contractor/Company Name:

Supervisor’s Name:       Phone:

Facility Name:

Owner’s Name:       Phone:

 Date of Job:

Supervisor must state in detail the type of work that applicant **actively participated** in at this site:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors Name Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and Sworn before me this \_\_\_ Day of \_\_\_\_\_\_, 20\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby make application for license as required by the Oklahoma Corporation Commission’s General Rules and Regulations Governing Aboveground Storage Tanks (OAC 165:26). In making this application, I certify that I will comply with all Petroleum Storage Tank Division rules and requirements for aboveground storage tanks, applicable Occupational Safety and Health Administration (OSHA) and Hazardous Waste Operations and Emergency Response (HAZWOPER) standards, that I am at least 18 years of age, and that statements made herein are true to the best of my knowledge and belief.

 APPLICANT SIGNATURE NAME (TYPE OR PRINT)

**OKLAHOMA CORPORATION COMMISSION**

P.O. Box 52000

Oklahoma City, OK 73152-2000

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES**

**Instructions for Required Affidavit:** All natural persons applying for a license with the Oklahoma Corporation Commission are required, by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Commission with verification of lawful presence in the United States by executing the Affidavit below before a notary public or other officer authorized to notarize affidavits under State law. The Commission’s licensing offices are staffed with notaries who are available to provide notary service at no cost to Applicants.

**Affidavit of:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Applicant’s Full Name - PRINT] [Nationality; i.e., example, “American”]

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

 ) ss:

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of lawful age, being first duly sworn upon oath

 [Print full name]

state, under penalty of perjury, as follows:

 That I am a:

 □ United States Citizens; or

 □ qualified alien under the Federal Immigration and Naturalization Act and I

am lawfully present in the United States.

**COMPLETE SECTION “A” OR “B” AS FOLLOWS:**

**A. If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.**

|  |  |
| --- | --- |
| **□** | Driver’s license or ID card **issued by a state or outlying possession of the United States, provided it contained a photograph or information such as name, date of birth, gender, height, eye color and address;** |
| **□** | **ID card** issued by federal, state of local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address; |
| **□** | **U.S. Military card** or draft record; |
| **□** | **Military dependent’s ID card**; |
| **□** | **Native American tribal document;** |
| **□** | **A birth certificate** showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain’s Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.; |
| **□** | **United States Passport** (except limited passports, which are issued for periods of less than five years); |
| **□** | **Report of birth abroad of a U.S. citizen (FS-240)** (issued by the Department of State to U.S. citizens); |
| **□** | **Certificate of birth (FS-545)** (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State; |
| **□** | **Certificate of Naturalization (N-550 or N-570)** (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual’s name has been changed); |
| **□** | **Certificate of Citizenship (N-560 or N-561)** (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual’s name has been changed); |
| **□** | **United States Citizen Identification Card (I-197)** (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974); |
| **□** | **Northern Mariana Identification Card** (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986); |
| **□** | **Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen** (this is given to an individual born outside of the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350); |
| **Alien Lawfully Admitted for Permanent Residence** |
| **□** | **INS Form I-551** (Alien Registration Receipt Card, commonly known as a “green card”); or |
| **□** | **Unexpired Temporary I-551** stamp in foreign passport or on INS Form I-94. |

**B. If you are a qualified alien, please bring one of the original, unexpired documents to the Oklahoma Corporation Commission with your application. Place a checkmark below to indicate the document that will be submitted.**

|  |
| --- |
| **Immigrant or Non-Immigrant Visa Status:** |
| **□** | **INS Form I-94** (arrival/departure record to be completed by all persons except U.S. Citizens; |
| **□** | **INS Form I-688B** (employment authorization document) (issued prior to 10/01/2006); |
| **Asylee:** |
| **□** | **INS Form I-94** (annotated with stamp showing grant of asylum under § 208 of the INA |
| **□** | **INS Form I-688B** (Employment Authorization Card) annotated “27 a.12 (a) (5)”; |
| **□** | **INS Form I-766** (Employment Authorization Document) annotated “AS”; |
| **□** | **Grant letter** from the Asylum Office of INS; or |
| **□** | **Order** of an immigration judge granting asylum. |
| **Refugee:** |
| **□** | **INS Form I-94** annotated with stamp showing admission under § 207 of the INA; |
| **□** | **INS Form I-688B** (Employment Authorization Card) annotated “274 a.12 (a) (3); |
| **□** | **INS Form I-766** (Employment Authorization Document) annotated “A3"; or |
| **□** | **INS Form I-571** (Refugee Travel Document). |
| **Alien Paroled Into the U.S. for at least one year:** |
| **□** | **INS Form I-94** with stamp showing admission for at least one year under § 212 (d) (5) of the INA. (Applicant cannot aggregate periods of admission for less than one year to meet the one-year requirement.) |
| **Alien Whose Deportation or Removal Was Withheld:** |
| **□** | **INS Form I-94** with stamp showing admission under § 203 (a) (7) of the INA; |
| **□** | **INS Form I-688B** (Employment Authorization Card) annotated “274 a.12 (a) (3)”; or |
| **□** | **INS Form I-766** (Employment Authorization Document) annotated “A3". |
| **Alien Granted Conditional Entry:** |
| **□** | **INS Form I-94** with stamp showing admission under § 203 (a) (7) of the INA; |
| **□** | **INS Form I-688B** (Employment Authorization Card) annotated “274 a.12 (a) (3)”; or |
| **□** | **INS Form I-766** (Employment Authorization Document) annotated “A3". |
| **Other Document** |
| **□** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

 I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application, will be cause for denial or loss of licensure and will subject me to criminal penalties under the immigration laws of the State of Oklahoma.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [Signature of Applicant]

 I certify that on the date set forth below, the individual named above appeared personally before me and that I did identify this applicant by: (1) comparing his/her physical appearance with the photograph or the identifying document presented by the applicant and with the photograph affixed hereto; and (b) comparing the applicant’s signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Seal)

My Commission Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_