

**MECHANICAL LICENSE
APPLICATION**

OFFICE USE ONLY

Cash	<input type="checkbox"/>
Check	<input type="checkbox"/>
Received \$	_____
License No.	_____
Date:	_____
Receipt No.	_____

APPLICANT NAME	LICENSE INFORMATION	
_____	State License No. _____	
First	Contractor <input type="checkbox"/> or	
_____	Journeyman <input type="checkbox"/>	
Middle Initial	Apprentice <input type="checkbox"/>	
_____	LICENSE APPLICATION	
Last	Check all that you wish to apply for:	
BUSINESS NAME	Mechanical Contractor <input type="checkbox"/>	
_____	Mechanical Journeyman <input type="checkbox"/>	
BUSINESS ADDRESS	Mechanical Apprentice <input type="checkbox"/>	
_____	Gas Fitter <input type="checkbox"/>	
Street		

City	State	Zip
_____	_____	_____
Phone	Fax	Pager
_____	_____	_____
NOTICE		
APPLICATION MUST INCLUDE A COPY OF YOUR STATE LICENSE AND DRIVER LICENSE. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. FAXED APPLICATIONS WILL NOT BE ACCEPTED.		
<p>I hereby certify by my signature that I am properly licensed by the State of Oklahoma to work in the occupations I have applied for and that I will abide by all applicable laws governing these occupations. I understand that failure to comply with applicable laws may result in loss of license and/or fines and that the license automatically expires every June 30th.</p>		
Applicant's Signature: _____		Date: _____