

List your mechanical experience on the following affidavits. Affidavits must be signed by someone (other than a relative) having personal knowledge of your mechanical experience. Attach additional affidavits as necessary. Any additional information may be attached to the Application.

HEATING, VENTILATING, AIR-CONDITIONING AND REFRIGERATION AFFIDAVIT

Employer: _____ Telephone No. (____) _____

Street Address _____
Address City State Zip

Immediate Supervisor: _____ Licensed: (____) Journeyman (____) Contractor (____) Not Licensed

Type of work performed: _____
(If other than service, repair and install, be specific)

Size of equipment worked on _____ Tons to _____ Tons. Experience with certifying person _____ / _____
Years Months

Size of equipment worked on _____ BTU's to _____ BTU's

I certify under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct.

Signature of Person Certifying Experience Print Signature Area Code/Telephone Number

NATURAL GAS AFFIDAVIT

Employer: _____ Telephone No. (____) _____

Street Address _____
Address City State Zip

Immediate Supervisor: _____ Licensed: (____) Journeyman (____) Contractor (____) Not Licensed

Type of work performed: _____
(If other than service, repair and install, be specific)

Experience with certifying person _____ / _____

I certify under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct.

Signature of Person Certifying Experience Print Signature Area Code/Telephone Number

SHEET METAL AFFIDAVIT

Employer: _____ Telephone No. (____) _____

Street Address _____
Address City State Zip

Immediate Supervisor: _____ Licensed: (____) Journeyman (____) Contractor (____) Not Licensed

Type of work performed: _____
(If other than service, repair and install, be specific)

Experience with certifying person _____ / _____

I certify under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct.

Signature of Person Certifying Experience Print Signature Area Code/Telephone Number

LIMITED RESIDENTIAL AFFIDAVIT

Employer: _____ Telephone No. (____) _____

Street Address _____
Address City State Zip

Immediate Supervisor: _____ Licensed: (____) Journeyman (____) Contractor (____) Not Licensed

Type of work performed: _____
(Be specific: type of installation)

Experience with certifying person _____ / _____

I certify under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct.

Signature of Person Certifying Experience Print Signature Area Code/Telephone Number

PROCESS PIPING AFFIDAVIT

Employer: _____ Telephone No. (____) _____

Street Address _____
Address City State Zip

Immediate Supervisor: _____ Licensed: (____) Journeyman (____) Contractor (____) Not Licensed

Type of work performed: _____
(If other than service, repair and install, be specific)

Experience with certifying person _____ / _____

I certify under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct.

Signature of Person Certifying Experience Print Signature Area Code/Telephone Number

REFRIGERATION AFFIDAVIT

Employer: _____ Telephone No. (____) _____

Street Address _____
Address City State Zip

Immediate Supervisor: _____ Licensed: (____) Journeyman (____) Contractor (____) Not Licensed

Type of work performed: _____
(If other than service, repair and install, be specific)

Experience with certifying person _____ / _____

I certify under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct.

Signature of Person Certifying Experience

Print Signature

Area Code/Telephone Number

Instructions for Required Affidavit:

All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma Construction Industries Board are required, by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Board with verification of lawful presence in the United States by executing one of the Affidavits below before a notary public or other officer authorized to notarize affidavits under State law. The Board's licensing offices are staffed with notaries who are available to provide notary service at no cost to Applicants.

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Option 1 - Verification of Citizenship

Affidavit of

[Applicant's Full Name] STATE OF OKLAHOMA)
) ss:
COUNTY OF _____)

_____, of lawful age, being first duly sworn, upon oath states, under penalty of perjury, as
[Applicant's Full Name] follows:

I am a United States Citizen. _____
[Signature of Applicant]

Subscribed and sworn to or affirmed before me this ____ day of _____, 20____, by _____.
[Applicant]

My Commission Expires: _____ NOTARY (Seal)

Option 2 - Affidavit Verifying Qualified Alien Status

Attention: This affidavit will not be accepted without a copy of a valid immigration document which reflects the applicants "A" number or "I-94" number.

Affidavit of

[Applicant's Full Name] STATE OF OKLAHOMA)
) ss:
COUNTY OF _____)

_____, of lawful age, being first duly sworn, upon oath states, under penalty of perjury, as
[Applicant's Full Name] follows:

I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

[Signature of Applicant]

Subscribed and sworn to or affirmed before me this ____ day of _____, 20____, by _____.
[Applicant]

My Commission Expires: _____ (Seal) NOTARY