

**PROTECTIVE  
HEALTH  
SERVICES**

Oklahoma State Department of Health  
Protective Health Services  
Consumer Protection Division  
1000 NE 10th Street  
Oklahoma City, OK 73117-1299  
Telephone: (405) 271-5243  
FAX: (405) 271-3458

**APPLICATION FOR PERMIT TO MANUFACTURE, REPAIR  
AND/OR RENOVATE BEDDING**

INITIAL PERMIT FEE \$5.00  
TYPE NON-STAMP PERMIT

PLANT/MFG NAME \_\_\_\_\_

PLANT/MFG LOCATION \_\_\_\_\_

ZIP CODE \_\_\_\_\_

CORPORATION/COMPANY NAME \_\_\_\_\_

CORPORATION ADDRESS \_\_\_\_\_

ZIP CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

ZIP CODE \_\_\_\_\_

LIST OTHER NAMES, DIVISIONS, AND SUBDIVISIONS, INCLUDING ADDRESS AND  
LOCATION, ON REVERSE SIDE.

ARTICLES MANUFACTURED \_\_\_\_\_

ARTICLES REPAIRED AND/OR RENOVATED \_\_\_\_\_

ARE SECOND HAND MATERIALS TO BE USED? YES \_\_\_\_\_ NO \_\_\_\_\_

UNIFORM REGISTRY NUMBER \_\_\_\_\_ ENCLOSE 2 COPIES OF LAW LABEL

OWNER/MANAGER \_\_\_\_\_ TITLE \_\_\_\_\_

PLEASE TYPE OR PRINT

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OWNER/MANAGER

**NOTE: RETAIN COPY OF THE COMPLETED APPLICATION FOR YOUR FILES.**