



Weld Test Facility Application Affidavit (Owner-User)

Occupational Licensing Division

www.labor.ok.gov

OKLAHOMA DEPARTMENT OF LABOR

3017 N. Stiles, Suite 100

Oklahoma City, OK 73105

405-521-6100/888-269-5353

M-F 8:00am-4:30pm

APPLICATION FEE \$250.00		Please make your Check, Money Order or Cashiers Check payable to ODOL	
REQUIRED DOCUMENTATION FOR ALL APPLICANTS			
<ul style="list-style-type: none"> • List of all Weld Inspectors for this Test Facility • Application • Payment 		Testing Lab #, if not new: _____	
Facility Name: _____			
Contact Name: _____			
Mailing Address: _____		City: _____	State: _____ Zip: _____
Phone: () _____		E-mail Address: _____	
Weld Inspector		ODOL Lic Number	
1. _____		_____	
2. _____		_____	
3. _____		_____	
4. _____		_____	
5. _____		_____	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Upon oath, I, the owner, manager or officer of the undersigned company or firm, state that I/we have adopted Oklahoma Welding Rules and Procedures for Weld Testing in conformity with the Oklahoma Welding Act, Title 50 O.S., Section 1624 – 1641. The undersigned further states that Oklahoma procedures for qualifying and testing of welders have been followed, and that all welders will be tested, and that all welds made will be in the presence of an inspector certified and approved by the Department of Labor			
SIGNATURE OF FACILITY OFFICIAL		TITLE	DATE

Application package reviewed and approved/denied by:

Chief Boiler Inspector: _____ Date: _____

FOR OFFICE USE ONLY

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>Initials:</u>	<u>Payment Type:</u>	<u>Amount:</u>