



Weld Test Facility Application Affidavit (Non-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	
REQUIRED DOCUMENTATION FOR ALL APPLICANTS			Please make your Check, Money Order or Cashiers Check payable to ODOL Testing Lab #, if not new: _____
<ul style="list-style-type: none"> List of all Weld Inspectors for this Test Facility Application Payment 			
Facility Name: _____			
Contact Name: _____			
Mailing Address: _____		City _____	State _____
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>

I state under penalty of perjury under the laws of Oklahoma that the forgoing is true and correct, and that I have read and understand this form and executed it in my own hand.

Date: _____

Signature: _____

City & State: _____

Print Name: _____

INSTRUCTIONS FOR USE OF THE PROCESSING SITE AFFIDAVIT BY THE FACILITY PERSONNEL
REVIEWING FORMS OF IDENTIFICATION FROM LICENSE APPLICANT

The person signing this form must read these instructions carefully.

1. In the space after the word "**Date**" the person executing this form should write today's date. In the space after the words "**City & State**", the person executing this form should indicate the city and state where they are actually located when they sign this form.
2. Within the context of the execution of this form, the term "*penalty of perjury*" means the willful assertion of the fact of either United States citizenship, or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such willful assertion on this form, knowing it to be false, is a crime in Oklahoma, and may be punishable by a term or incarceration of no more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury, and may be punished in the same manner as he would be if personally guilty of the perjury so procured.