



**Change of Information Form**  
 Alarm, Locksmith, and Fire Sprinkler Program  
 www.labor.ok.gov

**OKLAHOMA DEPARTMENT OF LABOR**  
 3017 N. Stiles, Suite 100  
 Oklahoma City, OK 73105  
 405-521-6100/888-269-5353  
 FAX 405-521-6019  
 M-F 8:00am-4:30pm

**In Accordance with OAC 380:75-3-2(f):**

Each individual license holder shall notify the Oklahoma Department of Labor, on a form specified by the Oklahoma Department of Labor, within fourteen (14) days of the following:

**REQUIRED DOCUMENTATION FOR ALL APPLICANTS:**

- A copy of a valid, unexpired Driver's License **OR** State issued Photo-Identification Card **OR** Military ID

Please indicate what has changed

Home address

Your name

If Individual Name change, please provide legal documentation of the change

Company Name Change

If Company Name change, please submit filing from Oklahoma Secretary of State

Conviction for a felony or entry of a plea of guilty or nolo contendere to a felony charge

**Full Name/Company Name**

**Occupational License #:**

**Mailing Address:**

**City:**

**State:**

**Zip Code:**

**Social Security #:**

**If Company, FEIN:**

**Phone: (     )**

**E-mail Address (REQUIRED):**

**Company Name & License #:**

**Manager Name & License #:**

I certify the information given on this application by me is true and accurate to the best of my knowledge. I understand that false information could result in revocation of my license.



**Signature of Applicant / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE**

**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.

Date:

Lic #:

Initials: