



Hire and Termination 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(A)(1)

Company Name:

Company License:

Phone: ()

E-mail Address (REQUIRED):

Company Manager Name:

License #:

Name _____ License # _____ Date: _____ Hire Terminate

Name _____ License # _____ Date: _____ Hire Terminate

Name _____ License # _____ Date: _____ Hire Terminate

Name _____ License # _____ Date: _____ Hire Terminate

Name _____ License # _____ Date: _____ Hire Terminate

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Name _____ License # _____ Date: _____ Hire Terminate

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



_____ Date: _____
Manager Signature

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:

Initials: