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| **For State Fire Marshal Use Only** | | | | | | **SFM State SealSFM State Seal**  **Oklahoma State Fire Marshal**  2401 NW 23rd, Suite 4  Oklahoma City, Oklahoma 73107  (405) 522-5006 Fax: (405) 522-5028  **Fire Extinguisher Industry**  **Retesting Application Form** | **Retest** |
| License # | |  | | Date Issued |  |
| PO # | |  | | [Permit Fee Owed](file:///C:\Documents%20and%20Settings\lynnette\Local%20Settings\Temporary%20Internet%20Files\Content.Outlook\Fee%20Schedule\Fee%20Schedule%202010.xls) |  |
| Retesting Application Fee | | | | | $50.00 |  |
| Total Amount Owed: | | | | |  |
| Date Paid |  | | Amount Paid | |  |

Please type or print in ink.

Submit one form for each test failed

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Last Exam: | | | | |  | | | Test that was Failed: | | | | | |  | | | | | | | | | |
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| Employing Company: | | | | |  | | | | | | | | | | | | | | | | | | |
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| Last Name: | |  | | | | | First Name: | | | |  | | | | | | | Middle Initial: | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security #: | | | |  | |  | | | | | | | | | | | | | | | | | |
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| Address: |  | | | | | | | | | City: | |  | | | | State: | | | |  | Zip: | |  |
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| Home Phone #: | | |  | | | | | | Cell Number: | | | |  | |  | | | | | | | | |
|  | | | | |  | | | | | | | | | | | |  | |  | | | | |

Applicant’s Signature: Date:

Return To:

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**Oklahoma State Fire Marshal**

2401 NW 23rd, Suite 4

Oklahoma City, Oklahoma 73107