



STATE OF OKLAHOMA
OFFICE OF STATE FIRE MARSHAL



AGREEMENT TO INSPECT TRIBAL CHILD CARE FACILITY

Tribe Name: _____

Headquarters Address: _____

Person(s) of Contact: _____

Phone: () _____ Fax: () _____

This agreement covers all tribal child care facilities licensed or to be licensed by the State of Oklahoma, to be identified by letter by the tribe as inspections are required.

This agreement only covers those tribal child care facilities listed below.

Facility Name	Facility Address	Phone	County

Pursuant to Title 10 O.S. Supp. 2008, § 406.1 and the signature below, the above-named tribe hereby agrees and authorizes the Oklahoma Office of State Fire Marshal (“OSFM”) to conduct any inspections of the above-named tribal child care facilities for purposes of compliance with the Oklahoma Child Care Facilities Licensing Act. Inspections shall be performed and the facility invoiced by the OSFM at the request of the tribe. This agreement shall continue in effect until revoked by the tribe or OSFM, or until superseded by a more recent agreement.

Tribal Representative Signature

Date

Printed Name: _____

Title: _____

Mail the original completed and signed form to:

Oklahoma Office of State Fire Marshal
PO Box 36690
Oklahoma City, OK 73136-2690

NOTE: While a convenience copy may be faxed to OSFM at (405) 522-5028, OSFM requires the original completed and signed form. For additional information, please call OSFM at (405) 522-5007.