



Company Manager Application
 Alarm, Locksmith, and Fire Sprinkler Program
 www.labor.ok.gov

Melissa McLawhorn Houston, Commissioner

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 TYPE	APPLICATION FEE	EXACT AMOUNT IS RECOMMENDED
<input type="checkbox"/> New	\$170.00	FEE IS NON-REFUNDABLE
If Application process not completed within 120 days of submission, a new application (and fee) will need to be filed.		

REQUIRED DOCUMENTATION FOR NEW APPLICANTS: U.S. CITIZENS: <ul style="list-style-type: none"> • Certificate of Completion from an Approved Examination Entity • Affidavit of Lawful Presence, signed • A valid, unexpired Driver's License OR State Issued Photo-Identification Card OR Military ID AND • Birth Certificate OR Social Security Card OR A valid, unexpired passport OR A W-2 form/1099 form from current employer • Two completed (2) fingerprint cards • Certificate of Applicant's Experience 	NON-U.S. CITIZENS: <ul style="list-style-type: none"> • Certificate of Completion from an Approved Examination Entity • Verification of immigration status AND • Affidavit of Lawful Presence, signed • A valid, unexpired Driver's License OR State Issued Photo-Identification Card OR Military ID AND • Birth Certificate OR Social Security Card OR A valid, unexpired passport OR A W-2 form/1099 form from current employer • Two completed (2) fingerprint cards • Certificate of Applicant's Experience
All new applicants must appear IN PERSON at the Oklahoma Department of Labor or ODOL approved facility	

CATEGORY: Burglar Alarm/Residential Fire Alarm Burglar Alarm/Commercial Fire Alarm Electric Access Control
 Closed Circuit Television Nurse Call Locksmith Fire Sprinkler Monitoring Facility

Name:	Current Technician Lic #:
-------	---------------------------

Mailing Address:	City:	State:	Zip Code:
------------------	-------	--------	-----------

Social Security #:	Date of Birth:
--------------------	----------------

Phone: ()	E-mail Address:
Receive text notifications? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Company Name & License #:	Company Phone ()
---------------------------	----------------------

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? Yes No
 If yes, provide date of discharge/coming off Active Duty/transfer: _____
 Are you a spouse of an active duty member of the Armed Forces of the United States? Yes No

I certify the information given on this application by me and on the attached certification, 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 AND FEE **DATE**

Be aware by completing this application you are submitting to a national Federal Bureau of Investigation background check. Your criminal history record search obtained pursuant to U.S. Department of Justice Order 556-73 may not meet employment requirements. Should this be the case, you will have the opportunity to appeal to the Alarm/Locksmith Advisory Board. If you would like additional information regarding your background check, please refer to the Federal Bureau of Investigation website at www.FBI.gov.

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 make your needs known to this agency.	Date:	Lic #:	Receipt #:
	Initials:	Payment Type:	Amount:



Company Manager Application Certificate of Applicant's Experience

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
M-F 8:00am-4:30pm

Melissa McLawhorn Houston, Commissioner

Applicant Name:	Current License # (if applicable):
------------------------	---

READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

The applicant named on this form is required to furnish one or more certificates in support of their experience. The applicant, therefore, is requesting their current and/or previous employer to certify knowledge of experience. All statements made in regards to the applicant's experience in the classification cited on this form shall be verified by a qualified and responsible person.

Category	Licensed Technical Hours	Sales Hours	Total Hours
Burglar Alarm/Residential Fire Alarm			
Burglar Alarm/Commercial Fire Alarm			
Closed Circuit Television			
Access Control			
Nurse Call			
Locksmith			
Fire Sprinkler			

Describe in detail the type of work performed by applicant: _____

Please identify your business relationship to the applicant _____

I certify that I have direct knowledge that said applicant was employed by _____
Company name & License # (if applicable)
from _____ to _____ to perform work in accordance with the Oklahoma Alarm
date date and Locksmith Licensing Act.

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 AFFIDAVIT BY PERSON MAKING APPLICATION FOR A LICENSE, PERMIT, OR CERTIFICATE

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. 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 not 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.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).