



**Replacement License 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

<b><u>APPLICATION TYPE</u></b>	<b><u>APPLICATION FEE</u></b>	<b><u>EXACT AMOUNT RECOMMENDED</u></b>
<input type="checkbox"/> Replacement	\$25.00	<b>FEE IS NON-REFUNDABLE</b>
<b><u>REQUIRED DOCUMENTATION FOR ALL APPLICANTS:</u></b>		
<ul style="list-style-type: none"> <li>• Copy of a valid, unexpired Driver’s License  <u>OR</u> State issued Photo-Identification Card  <u>OR</u> Military ID</li> </ul>		
<b><u>TYPE OF LICENSE</u></b>		
<input type="checkbox"/> Company	<input type="checkbox"/> Manager	<input type="checkbox"/> Fire Sprinkler Inspector
<input type="checkbox"/> Salesperson	<input type="checkbox"/> Technician	<input type="checkbox"/> Trainee
<b><u>CATEGORY</u></b>		
<ul style="list-style-type: none"> <li>• Applicants wishing to add categories must fill out the “Revised License Application”.</li> <li>• The current expiration date of the license will not be changed.</li> </ul>		
<b>Name/Company Name:</b>		<b>License #:</b>
<b>Mailing Address:</b>	<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
<b>Social Security #/FEIN:</b>		<b>Date of Birth:</b>
<b>Phone: (    )</b>	<b>E-mail Address (REQUIRED):</b>	
<b>Receive text notifications?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Company Name (if an individual):</b>		<b>Company License #:</b>
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		
<b>Signature of Applicant / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE AND FEE    DATE</b>		

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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.	<u>Date:</u>	<u>Lic #:</u>	<u>Receipt #:</u>
	<u>Initials:</u>	<u>Payment Type:</u>	<u>Amount:</u>