



Revised License Application

Alarm, Locksmith, and Fire Sprinkler Program

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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 <input type="checkbox"/> Revised (adding categories)	APPLICATION FEE \$25.00	EXACT AMOUNT RECOMMENDED FEE IS NON-REFUNDABLE
REQUIRED DOCUMENTATION FOR ALL APPLICANTS:		
<ul style="list-style-type: none"> • Certificate of Completion from an Approved Examination Entity • Copy of a valid, unexpired Driver's License OR • State issued Photo-Identification Card OR • Military ID 		
TYPE OF LICENSE (Position):		
<input type="checkbox"/> Manager (please attach Certificate of Experience AL Form 3) <input type="checkbox"/> Technician <input type="checkbox"/> Salesperson		
CATEGORY:		
<input type="checkbox"/> Burglar Alarm/Residential Fire Alarm <input type="checkbox"/> Locksmith <input type="checkbox"/> Closed Circuit Television <input type="checkbox"/> Access Control <input type="checkbox"/> Burglar Alarm/Commercial Fire Alarm <input type="checkbox"/> Nurse Call <input type="checkbox"/> Fire Sprinkler <input type="checkbox"/> Monitoring		
Please note: A license can only be revised in the same position you are currently licensed in. The current expiration date of the license will not be changed.		
Name		Occupational License #:
Mailing Address:	City:	State:
		Zip Code:
Social Security #:		Date of Birth:
Phone: ()		E-mail Address (REQUIRED):
Receive text notifications? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Company Name:		Co License #:
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.		
Signature / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE AND FEE		DATE



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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>Initials:</u>	<u>Payment Type:</u>
		<u>Amount:</u>