



Boiler Operator License Application

Occupational Licensing Division

www.ok.gov/odol

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	\$100.00	Please make your Check, Money Order or Cashiers Check payable to ODOL Mail to the address on the top of the form
<input type="checkbox"/> Change of Class	\$25.00	
<input type="checkbox"/> Exempt – In Accordance with 40 O.S. § 141.16		

REQUIRED DOCUMENTATION:

U.S. CITIZENS:

- 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 from current employer
- Proof of **exemption** in Accordance with 40 O.S. § 141.16

NON-U.S. CITIZENS:

- Verification of Immigration Status
- 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
- Proof of **exemption** in Accordance with 40 O.S. § 141.16

All new applicants must appear **IN PERSON** at the Oklahoma Department of Labor or ODOL approved facility

Qualified Aliens: State law requires the Oklahoma Department of Labor to verify immigration status (lawful presence) of all non-U.S. citizens. Upon renewal, all non-U.S. citizens must provide same, unexpired documentation to establish eligibility.

PERSONAL INFORMATION

Name:		Application Date:
Mailing Address:		
City:	State:	Zip Code:
Social Security #:	Date of Birth:	
Phone: ()	E-mail Address (REQUIRED):	
Employer:		

LICENSING INFORMATION

License class you are applying for: Class 1 Class 2 Class 3 Class 4

If you have taken the Oklahoma Boiler Operator License Examination, complete the following information.

Name of examiner: _____ Date of examination: _____ Score: _____

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

EXPERIENCE Complete the following section ensuring you provide sufficient information and detail to satisfy the qualifications for the class of license being applied for on this application.

Operator licenses currently / previously held (ATTACH COPIES TO THIS APPLICATION)

Title of License:	Class:	License #:	Expiration Date:
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Title of License:	Class:	License #:	Expiration Date:

List all boiler operating experience, beginning with your current position and working backwards. List the name and complete address of all current and former employers along with a brief description of your duties, including the types of boilers operated and/or maintained (attach additional sheet if necessary)

Employer:

Complete Address:

Supervisor:	Phone: ()
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Dates of Employment:	Position:
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Boiler Operating Experience: Yes No

Name of Boiler Manufacturer:	Operating Pressure:	Boiler Input:
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General Duties:

Employer:

Complete Address:

Supervisor:	Phone: ()
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Dates of Employment:	Position:
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Boiler Operating Experience: Yes No

Name of Boiler Manufacturer:	Operating Pressure:	Boiler Input:
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General Duties:

EDUCATION List any specialized education that you have concerning the operation and/or maintenance of boilers and physical equipment

School:	Dates:
Course Title(s):	
School:	Dates:
Course Title(s):	
School:	Dates:
Course Title(s):	

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/transfer: _____
*Are you a spouse of an active duty member of the Armed Forces of the United States? Yes No

I certify all statements are true to the best of my knowledge and that all work shall be done in compliance with the State of Oklahoma boiler law, rules, and regulations adopted by the Oklahoma Department of Labor.



Applicant Signature / APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE AND FEE **DATE**