



**Elevator Mechanic License Renewal Application**  
 Occupational Licensing  
[www.ok.gov/odol](http://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

<u>APPLICATION TYPE</u>	<u>APPLICATION FEE</u>	<b>EXACT AMOUNT IS RECOMMENDED</b>
<input type="checkbox"/> Renewal	\$75.00	
<input type="checkbox"/> Late Renewal	\$85.00 *if license expired, but <b>LESS than 30 days</b>	
<input type="checkbox"/> Reinstatement	\$175.00 *If license expired <b>30 or MORE days</b> , but less than 365 days	
<input type="checkbox"/> Replacement	\$25.00	

**Please make your Check, Money Order or Cashiers Check payable to ODOL**  
**Mail to the address on the top of the form.**

**REQUIRED DOCUMENTATION FOR RENEWAL APPLICANTS**  
 Renewal applications can be mailed in to the Oklahoma Department of Labor with the following items:

<p><b><u>U.S. CITIZENS:</u></b></p> <ul style="list-style-type: none"> <li>• 8 or more hours continuing education per <b>OAC 380:70-5-7</b></li> <li>• Copy of valid, unexpired Driver's License <b><u>OR</u></b> State issued Photo-identification Card <b><u>OR</u></b> Military ID <b><u>AND</u></b></li> <li>• Copy of Expiring Occupational License</li> </ul>	<p><b><u>NON-U.S. CITIZENS:</u></b></p> <ul style="list-style-type: none"> <li>• All required documentation of U.S. Citizens <b>PLUS</b></li> <li>• Verification of Immigration Status</li> </ul>
---	---

**All renewal applicants must appear IN PERSON at the Oklahoma Department of Labor or ODOL approved facility every ten years**

Name:		Employed By:	
Mailing Address:	City:	State:	Zip Code:
Social Security #:		Date of Birth:	
Cell Phone #: (    )		E-mail Address:	

**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 elevator law, rules, and regulations adopted by the Oklahoma Department of Labor; I also certify I am actively employed by the company I'm representing and that in the event of my leaving said company I agree to immediately notify the Oklahoma Department of Labor.

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

**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: