



Witness Inspector License Application

Elevator Occupational Licensing

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

New or Re-apply

APPLICATION FEE

\$100.00

Please make your Check, Money Order or Cashier's Check payable to ODOL

*If license is expired less than 365 days, you must use the Elevator Witness Inspector License Renewal Application

Mail to the address listed above

REQUIRED DOCUMENTATION FOR NEW APPLICANTS

All new applicants must demonstrate proper qualifications by submitting documentation of the following:

- ASME QEI-1 certification or equivalent standard as determined by the Commissioner
- One year of experience in designing, installing, maintain or inspecting elevators, escalators and other such conveyances.
- Verification of Insurance as specified in **59 O.S. § 3023 (G)**

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/1099 form

NON-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/1099 form
- Verification of Immigration Status

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

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

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

Cell Phone #: ()	E-mail Address:
-----------------------------	------------------------

Employed By:

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 firm, 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:



The Elevator Witness Inspector License allows the licensee to witness periodic tests.

ATTESTATION FOR ELEVATOR WITNESS INSPECTOR LICENSE:

The enclosed application, which is specific to the undersigned's application for elevator license, reflects the following requirements outlined in the Elevator Safety Act, Oklahoma Administrative Code (OAC) 380:70-5-6.

(Please initial to acknowledge your agreement)

The undersigned, as applicant for the enclosed elevator license, shall not engage in the sale of any service, article, or device relating to elevators or conveyances of their _____ appurtenances covered by this Act.

The undersigned, as applicant for the enclosed elevator Inspector license, shall not hold _____ a current Elevator Contractor's License or an Elevator Mechanic's License.

In accordance with 12 O.S. § 426, I state under penalty of perjury under the laws of Oklahoma that the forgoing is true and correct.

Print Name: _____ Name of Company: _____

Signature: _____ Date: _____

This signed statement under penalty of perjury shall constitute a legally binding assertion that the contents of the statement to which it refers are true.

If you have any questions, please call the Licensing division at (888) 269-5353 or (405) 521-6100.

Sincerely,

*Licensing Division
Oklahoma Department of Labor*