



Repair, Service, Install Renewal License Application

Occupational Licensing Division

www.labor.ok.gov

Melissa McLawhorn Houston, Labor 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 FEE		\$50.00	EXACT AMOUNT IS RECOMMENDED	
ODOL Lic # _____				
APPLICANT INFORMATION				
Company Name:			Federal Employer ID Number (FEIN):	
Owner's Name			Contact Person:	
Mailing Address:		City	State:	Zip
Physical Location of Plant or Shop:		City	State:	Zip
Phone #: ()		E-mail Address (REQUIRED):		
Please check appropriate boxes describing scope of work done by your company:				
ASME Section I (power boilers)	INSTALL <input type="checkbox"/>	SERVICE <input type="checkbox"/>	REPAIR <input type="checkbox"/>	
ASME Section IV (heating boilers)	INSTALL <input type="checkbox"/>	SERVICE <input type="checkbox"/>	REPAIR <input type="checkbox"/>	
ASME Section VIII (pressure vessels)	INSTALL <input type="checkbox"/>	SERVICE <input type="checkbox"/>	REPAIR <input type="checkbox"/>	
Is welding to be performed on any pressure part of items? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If welding is to be performed, refer to the Oklahoma Boiler and Pressure Vessel Safety Act of 1982---Rule 380:25-13-3, for additional requirements.				
Are you in possession of a current certificate of authorization for use of the ASME Code Symbol Stamp? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Are you in possession of a current certificate of authorization for use of the National Board "R" Stamp? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If YES, list stamps and expiration dates and provide current copies of each.				
STAMP	CERTIFICATE NUMBER	EXPIRATION DATE		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
_____	_____	_____		
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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



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.

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