



# MECHANICAL LICENSE APPLICATION

OFFICE USE ONLY

Cash	<input type="checkbox"/>
Check	<input type="checkbox"/>
Received \$	_____
Date:	_____

## APPLICANT NAME

First \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Pager \_\_\_\_\_

## LICENSE INFORMATION

State License No. \_\_\_\_\_

Contractor ☐ or

Journeyman ☐

Apprentice ☐

## LICENSE APPLICATION

Check all that you wish to apply for:

Contractor ☐

Journeyman ☐

Apprentice ☐

## NOTICE

**APPLICATION MUST INCLUDE A COPY OF YOUR STATE LICENSE AND DRIVER LICENSE. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. FAXED APPLICATIONS WILL NOT BE ACCEPTED.**

*I hereby certify by my signature that I am properly licensed by the State of Oklahoma to work in the occupations I have applied for and that I will abide by all applicable laws governing these occupations. I understand that failure to comply with applicable laws may result in loss of license and/or fines and that the license automatically EXPIRES every June 30th.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# ELECTRICAL LICENSE APPLICATION

OFFICE USE ONLY

Cash	<input type="checkbox"/>
Check	<input type="checkbox"/>
Received \$	_____
Date:	_____

## APPLICANT NAME

First \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Pager \_\_\_\_\_

## LICENSE INFORMATION

State License No. \_\_\_\_\_

Contractor ☐ or

Journeyman ☐

Apprentice ☐

## LICENSE APPLICATION

Check all that you wish to apply for:

Contractor ☐

Journeyman ☐

Apprentice ☐

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# PLUMBING LICENSE APPLICATION

OFFICE USE ONLY

Cash	<input type="checkbox"/>
Check	<input type="checkbox"/>
Received \$	_____
Date:	_____

## APPLICANT NAME

First \_\_\_\_\_

Middle Initial \_\_\_\_\_

Last \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Pager \_\_\_\_\_

## LICENSE INFORMATION

State License No. \_\_\_\_\_

Contractor ☐ or

Journeyman ☐

Apprentice ☐

## LICENSE APPLICATION

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Contractor ☐

Journeyman ☐

Apprentice ☐

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_