

Oklahoma Department of Labor

4001 North Lincoln Boulevard
Oklahoma City, OK 73105

405-528-1500
Fax 405-525-0252
Toll-free, statewide (outside of the OKC metro area)
888-269-5353
OF CLASS \$5.00

| APPI  | LICATION:  | □ NEW \$50                     | 0.00 L CHANG       | E OF CLASS \$5.00              |  |  |  |
|---|--|--------------------------------|--------------------|--------------------------------|--|--|--|
| Part 1: PERSONAL INFO   | ORMATION:  | All information Please type or |                    | application must be completed. |  |  |  |
| Application Date:   | Social   | Security Numb                  | er:                | Date of Birth:                 |  |  |  |
| Name:   |  |                                |                    | Telephone: [ ]                 |  |  |  |
| E-Mail Address:   |  |                                | [ ] Send Invoice   | via e-mail                     |  |  |  |
| Complete Mailing Address:   |  |                                |                    |                                |  |  |  |
|   |  |                                |                    |                                |  |  |  |
| City:   | State:   |                                | Zip Code:          |                                |  |  |  |
| Part 2: LICENSING:  | Indicate the class of license you are applying for by placing an X in the space following the license. |                                |                    |                                |  |  |  |
| Class 1 [ ]   | Class 2  | [ ]                            | Class 3            | Class <b>4</b> [ ]             |  |  |  |
|   | If you have taken the Oklahoma Boiler Operator License Examination complete the following information. |                                |                    |                                |  |  |  |
| Name of examiner:   |  | Date of exam                   | ination:           | Score:                         |  |  |  |
| <b>Part 3: EXPERIENCE:</b> 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                |  |  |  |
| Title of license  |  | Class                          | License #          | Expiration Date                |  |  |  |
| 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  |  |                                |                    | Telephone [ ]                  |  |  |  |
| Complete Address  |  |                                |                    | Supervisor                     |  |  |  |
| Dates of Employment   |  |                                | Position           |                                |  |  |  |
| Boiler operation experience   | Yes  | [ ]                            | No [ ]             |                                |  |  |  |
| Name of boiler manufacturer   |  |                                | Operating pressure | Boiler input                   |  |  |  |
| General duties  |  |                                |                    |                                |  |  |  |
| Employer  |  |                                |                    | Telephone [ ]                  |  |  |  |
| Complete Address  |  |                                |                    | Supervisor                     |  |  |  |
| Dates of Employment   |  |                                | Position           | Supervisor                     |  |  |  |
| Boiler operation experience   | Yes  | [ ]                            | No [ ]             |                                |  |  |  |
| Name of boiler manufacturer   |  |                                | Operating pressure | Boiler input                   |  |  |  |
| General duties  |  |                                | 1 01               | A                              |  |  |  |
|   |  |                                |                    |                                |  |  |  |

| Employer                                     |  |                        |                       | Telephone [ ]                          |  |  |  |
|--|--|------------------------|-----------------------|--|--|--|--|
| Complete Address                             |  |                        |                       | Supervisor                             |  |  |  |
| Dates of Employment                          |  | Position               | n                     |  |  |  |  |
| Boiler operation expe                        | rience Yes [   | [ ] No                 | [ ]                   |  |  |  |  |
| Name of boiler manuf                         | facturer   | Operati                | ing pressure          | Boiler input                           |  |  |  |
| General duties                               |  |                        |                       |  |  |  |  |
|  |  |                        |                       |  |  |  |  |
| Employer                                     |  |                        |                       | Telephone [ ]                          |  |  |  |
| Complete Address                             |  |                        |                       | Supervisor                             |  |  |  |
| Dates of Employment                          |  | Position               |                       |  |  |  |  |
| Boiler operation expe                        |  | [ ] No                 | [ ]                   |  |  |  |  |
| Name of boiler manuf                         | facturer   | Operati                | ing pressure          | Boiler input                           |  |  |  |
| General duties                               |  |                        |                       |  |  |  |  |
|  |  |                        |                       |  |  |  |  |
| Part 4: EDUCAT                               | EDUCATION: List any specialized education that you have concerning the operation and/or maintenance of boilers and physical plant equipment. |                        |                       |  |  |  |  |
| School:                                      |  |                        |                       |  |  |  |  |
| Dates:                                       |  |                        |                       |  |  |  |  |
| Course Title(s):                             |  |                        |                       |  |  |  |  |
|  |  |                        |                       |  |  |  |  |
| School:                                      |  |                        |                       |  |  |  |  |
| Dates:                                       |  |                        |                       |  |  |  |  |
| Course Title(s):                             |  |                        |                       |  |  |  |  |
|  |  |                        |                       |  |  |  |  |
| School:                                      |  |                        |                       |  |  |  |  |
| Dates:                                       |  |                        |                       |  |  |  |  |
| Course Title(s):                             |  |                        |                       |  |  |  |  |
|  |  |                        |                       |  |  |  |  |
| School:                                      |  |                        |                       |  |  |  |  |
| Dates:                                       |  |                        |                       |  |  |  |  |
| Course Title(s):                             | _  | _                      | -                     |  |  |  |  |
|  |  |                        |                       |  |  |  |  |
| Mail payment, applicable Blvd., Oklahoma Cit | ation and other supporting docu<br>y, OK 73105.  | uments to the Oklahoma | a Department of Labor | r, Attn: SSD Division, 4001 N. Lincoln |  |  |  |
|  | Signature of Applicant   |                        |                       |  |  |  |  |
|  |  | FOR OFFICE USE         | ONLY                  |  |  |  |  |
| License #                                    | Approved/Denied By   | Invoiced               | DEO                   | Processed                              |  |  |  |
|  |  |                        |                       |  |  |  |  |