Oklahoma Construction Industries Board

Request for Formal Education Annual Reapproval

For Plumbing, Electrical, and Mechanical

Course Type

Electrical: ☐ Mechanical:☐ Plumbing:☐

Total hours of Credit: _____

Institution Name: _____

Address: _____

City: _____State: _____ Zip: _____

Instructor Name: _____

Phone number: _____ Email: _____

Has the instructor or curriculum changed since this formal education program was approved by the Committee?

Yes: ____ No: ____

If yes, please attach a document with this application explaining the changes in the curriculum.

Instructor Signature: _____Date**:** _____

To be completed by the Construction Industries Board

Committee name: _____ **Approved:** _____

Signature: _____ **Date:** _____

Course ID Number: _____

Submit to: Oklahoma Construction Industries Board
2401 N.W. 23rd, Suite 2F
Oklahoma City, OK 73107
Office: (405) 521-6550 Fax: (405) 521-6525