



Change of Information Form

Alarm, Locksmith, and Fire Sprinkler Program
www.oklahoma.gov/labor

OKLAHOMA DEPARTMENT OF LABOR

409 NE 28th St, 3rd Floor
Oklahoma City, OK 73105
405-521-6100/888-269-5353
FAX 405-521-6019
Odol.Licensing@labor.ok.gov

In Accordance with OAC 380:75-3-2(f):

Each individual license holder shall notify the Oklahoma Department of Labor, on a form specified by the Oklahoma Department of Labor, within fourteen (14) days of the following:

REQUIRED DOCUMENTATION FOR ALL APPLICANTS:

- A copy of a valid, unexpired Driver's License **OR** State issued Photo-Identification Card **OR** Military ID

Please indicate what has changed

Home address/Company Address

Your name

If Individual Name change, please provide legal documentation of the change

Company Name Change

If Company Name change, please submit filing from Oklahoma Secretary of State

Conviction for a felony or entry of a plea of guilty or nolo contendere to a felony charge

Full Name/Company Name

Occupational License #:

Mailing Address:

City:

State:

Zip Code:

Social Security #:

If Company, FEIN:

Phone: ()

E-mail Address (REQUIRED):

Company Name & License #:

Manager Name & License #:

I certify the information given on this application by me is true and accurate to the best of my knowledge. I understand that false information could result in revocation of my license.



Signature of Applicant / **APPLICATION CANNOT BE PROCESSED WITHOUT A SIGNATURE**

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 #:

Initials: