



# Weld Test Facility Application Affidavit (Non-Owner-User)

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

<b>APPLICATION FEE</b>		\$250.00	<b>EXACT AMOUNT IS RECOMMENDED</b>	
<b>REQUIRED DOCUMENTATION FOR ALL APPLICANTS</b>				
<ul style="list-style-type: none"> <li>List of all Weld Inspectors for this Test Facility</li> <li>Application</li> <li>Payment</li> </ul>			Testing Lab #, if not new: _____	
Facility Name: _____				
Contact Name: _____				
Mailing Address: _____		City _____	State _____	Zip _____
Phone: (    ) _____		E-mail Address: _____		
Weld Inspector		ODOL Lic Number		
1. _____		_____		
2. _____		_____		
3. _____		_____		
4. _____		_____		
5. _____		_____		
<b>MILITARY STATUS</b>				
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				
Upon oath, I, the owner, manager or officer of the undersigned company or firm, state that I/we have adopted Oklahoma Welding Rules and Procedures for Weld Testing in conformity with the Oklahoma Welding Act, Title 50 O.S., Section 1624 – 1641. The undersigned further states that Oklahoma procedures for qualifying and testing of welders have been followed, and that all welders will be tested, and that all welds made will be in the presence of an inspector certified and approved by the Department of Labor				
SIGNATURE OF FACILITY OFFICIAL		TITLE		DATE

Application package reviewed and approved/denied by:

Chief Boiler Inspector: \_\_\_\_\_ 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>

I state under penalty of perjury under the laws of Oklahoma that the forgoing is true and correct, and that I have read and understand this form and executed it in my own hand.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

City & State: \_\_\_\_\_

Print Name: \_\_\_\_\_

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INSTRUCTIONS FOR USE OF THE PROCESSING SITE AFFIDAVIT BY THE FACILITY PERSONNEL  
REVIEWING FORMS OF IDENTIFICATION FROM LICENSE APPLICANT

The person signing this form must read these instructions carefully.

1. In the space after the word "**Date**" the person executing this form should write today's date. In the space after the words "**City & State**", the person executing this form should indicate the city and state where they are actually located when they sign this form.
2. Within the context of the execution of this form, the term "*penalty of perjury*" means the willful assertion of the fact of either United States citizenship, or lawful presence in the United States as a qualified alien, and made upon one's oath or affirmation and knowing such assertion to be false. Making such willful assertion on this form, knowing it to be false, is a crime in Oklahoma, and may be punishable by a term or incarceration of no more than five (5) years in prison. Additionally, one who procures another to commit perjury is guilty of the crime of subornation of perjury, and may be punished in the same manner as he would be if personally guilty of the perjury so procured.