



APPLICATION FOR DESIGNATED EXAMINER LICENSED OPERATOR

Date:	Original Application \$1,000.00				Renewal Application \$500.00			
CONTACT								
Last Name: Middle Nar		ne: First Name::		ne::		Date of Birth:		
Mailing Address:			City:		Stat	e:	Zip:	
Business Telephone:			Residence Telephone:		'	Mobile Telephone:		
Oklahoma Driver License	Email Address:							
Name of Designated Serv	where employed)	oloyed)		Licensed Operator Number:				
Business Address:			City:		Stat	e:	Zip:	
Oklahoma Statute costs associated videosts associated videosts associated videosts applicant for a looperator or employee. If your application for enrolled in the training before the first day of the looperator of the provideost associated videost associated v	lahoma D hool Diplo v of a com tain a cur es, if not a vith the re Designate of a licen a Design g course, the class our applicand requir	Priver Liceroma or equal pleted apprent electrological liceromagnetic properties of the cord check ed Examinated Examinat	nse. plication, Service onic national cr file with Service k. er position must tor and must be klahoma must r Designated Examentation MUST	e Oklaho iminal hi Oklahon t be a lice e at least accepted eceive yo eminer pe be subm	oma will story re na. The ensed o 21 year d and ye our \$1,0 osition, nitted b	driver educes old. ou are noting the control of th	k in accordance with the shall bear any fees or ation instructor, licensed fied that you have been and required documents advised that your er 1st of each calendar	
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Signature of Applicant					Signature of Licensed Operator			

Service Oklahoma \cdot PO Box 11415 Oklahoma City, OK 73136 \cdot 405-522-7000

(If different than applicant)