



Welder Certification License Application

Safety Standards Division

www.labor.ok.gov

Lloyd L. Fields, Commissioner

OKLAHOMA DEPARTMENT OF LABOR

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ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> RETURNED	ACTION DATE	LICENSE #	RECEIPT #
	INITIALS	CHECK / CASH	AMOUNT

APPLICANT INFORMATION

NAME		DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS			E-MAIL
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

APPLICATION TYPE

APPLICATION FEE (Check, Money Order, or Certified Check Payable to Oklahoma Department of Labor)

- NEW \$25.00
- RENEWAL \$25.00 * - No more than 90 days prior to expiration.
- UPDATE PROCESSES If submitted no more than 90 days prior to expiration, you may also enclose \$25 for renewal.
- RETEST \$25.00
- DUPLICATE No Fee

**IF NOT NEW
ENTER LICENSE#**

* A late fee of \$10.00 is charged if you renew after your expiration date. If your certification is expired over one year, you **must retest**.

CERTIFICATION AND SIGNATURE

I, the undersigned, am a welder who has successfully passed the required welder's qualification test under the Oklahoma Welding Act, and this is my application for the issuance of a Welder's Certification Card.

SIGNATURE OF APPLICANT: _____

WELDING INSPECTOR STATEMENT

Facility Type: ASME Shop Certified Weld Test Facility

Facility Name: _____ Location: _____ Test Date: _____

Attached is a properly certified and signed test report for _____, who has successfully passed a weld test as prescribed by Title 59 (Oklahoma Welding Act), in the following:

Position(s):

Process(es):

- | | | | | | |
|------------------------------------|------------------------------|-------------------------------|--------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> 2G and 5G | <input type="checkbox"/> EBW | <input type="checkbox"/> FCAW | <input type="checkbox"/> GTAW | <input type="checkbox"/> OFW | <input type="checkbox"/> SAW |
| <input type="checkbox"/> 5G | <input type="checkbox"/> EGW | <input type="checkbox"/> FW | <input type="checkbox"/> ICDFW | <input type="checkbox"/> PAW | <input type="checkbox"/> SMAW |
| <input type="checkbox"/> 6G | <input type="checkbox"/> ESW | <input type="checkbox"/> GMAW | <input type="checkbox"/> LBW | <input type="checkbox"/> RW | <input type="checkbox"/> SW |

Explanation of Processes: EBW-Electron Beam Welding, FCAW-Flux Cord Arc Welding, GTAW-Gas Tungsten Arc Welding, OFW-Oxyfuel Gas Welding, SAW-Submerged Arc Welding, EGW-Electrogas Welding, FW-Flash Welding, ICDFW-Inertia/Continuous Drive Friction Welding, PAW-Plasma Arc Welding, SMAW-Shielded Metal Arc Welding, ESW-Electroslag Welding, GMAW-Gas Metal Arc Welding, LBW-Laser Beam Welding, RW-Resistance Welding, SW-Stud Welding

"I certify that I personally witnessed all phases of the welding performance test of the above named welder and that the above data reflects a true report of the test results."

Witnessed By: _____ Signature
Printed Name
Certification #