

Application for Service Technician Identification

OFFICE USE ONLY
414 \$
Receipt #

PLEASE TYPE OR PRINT IN INK - CLEARLY - ALL INFORMATION

1 _____
Company License Number

2 _____ Business Name _____ Business Phone

3 _____ Mailing Address _____ City, State, Zip

4 **SERVICE TECHNICIANS** Please print clearly

1 _____ Name	_____ ST# / Driver's License #	OFFICIAL USE ONLY
2 _____ Name	_____ ST# / Driver's License #	
3 _____ Name	_____ ST# / Driver's License #	
4 _____ Name	_____ ST# / Driver's License #	

Attach additional pages if necessary

5 Number of Service Technicians _____ x \$20.00 \$ _____

Number of Service Technicians _____ x \$10.00 \$ _____
(Transfer/replacements only)

6 Mail to: **Oklahoma Department of Agriculture, Food & Forestry
Consumer Protection Services
PO Box 528804
Oklahoma City OK 73152-8804**

I understand that it is the responsibility of the licensed company to return the Service Technician Identification to the Department of Agriculture, Food, & Forestry upon termination of the employee.

_____ Signature of Authorized Representative _____ Date

IF PAYMENT IS MADE BY CREDIT CARD PLEASE FILL OUT THE FOLLOWING SECTION

CREDIT CARD NUMBER: _____
CREDIT CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover EXP DATE: _____ / _____ 3 digit code _____
PRINTED NAME OF CARD HOLDER _____
_____ Authorized Signature _____ Date