

# Application for Service Technician Identification

<b>OFFICE USE ONLY</b>
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 #

2 \_\_\_\_\_  
 Name ST# / Driver's License #

3 \_\_\_\_\_  
 Name ST# / Driver's License #

4 \_\_\_\_\_  
 Name ST# / Driver's License #

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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, and Forestry**

**Consumer Protection Services  
 PO Box 528804  
 Oklahoma City OK 73152-8804**

**PLEASE NOTE: THERE IS NO CHARGE FOR GOVERNMENT AGENCIES**

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:  VISA     MasterCard     Discover    EXP DATE: \_\_\_\_\_ / \_\_\_\_\_    3 digit code \_\_\_\_\_

PRINTED NAME OF CARD HOLDER \_\_\_\_\_

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**