

CONSTRUCTION INDUSTRIES BOARD ("CIB")

2401 NW 23rd, Suite 2F Oklahoma City, OK 73107 PH: (405) 521-6550 or Toll Free: 1-877-484-4424 Website: www.cib.ok.gov

APPLICATION INFORMATION

APPLICATION FOR CONTRACTOR ELECTING TO RENEW AS JOURNEYMAN

(Electing Permanent Change of License Category)

ALL APPLICABLE FEES MUST ACCOMPANY APPLICATION:

Journeyman Renewal Fee: \$75.00

Plus, If Applicable,

Journeyman Renewal Late Fee: \$25.00

(Note: Late fee is applicable if the contractor license has been expired for more than 30 days.

Make remittance payable to the Construction Industries Board (CIB)

- A contractor, whether active or inactive, can elect to renew as a journeyman, which election will be considered a permanent change of license category, by filing the "Journeyman Renewal Application <u>For Contractor Electing to Renew License as a Journeyman License</u>" with the journeyman renewal fee.
- If a permanent license category change occurs and the individual later wants to change from journeyman back to contractor category, either active or inactive, the individual must retake and pass the contractor license exam and meet all other contractor license requirements in the respective trade Act (59 O.S. § 1001, et seq.; 59 O.S. § 1680, et seq.; 59 O.S. § 1850.1, et seq.) and administrative rules (OAC 158:30, OAC 158:40, OAC 158:50).

Oklahoma Construction Industries Board 2401 NW 23rd Street, Suite 2F Oklahoma City, OK 73107 Telephone: (405) 521-6550

JOURNEYMAN RENEWAL APPLICATION

For Contractor Electing to Renew License as a Journeyman License

Journeyman license renewal fee of \$75.00 plus, if applicable, late fee of \$25.00 must accompany Application. Late fee is applicable if Contractor license has been expired for more than thirty (30) days.

APPLICATION MUST BE PROPERLY NOTARIZED

ELECTRICAL	MECHANICAL		PLUMBING	
License/File#		License/File#]	License/File#
Type or print in ink				
1. NAME				
First	Middle		Last	
2. MAILING ADDRESS				
Street/PO Box	1	City	State	Zip
3. PHYSICAL ADDRESS Street	Apt. #	City	State	Zip
(If aifferent from mailing) Street	Арі. #	City	State	Zīp
4. TELEPHONE () Residence	()	D :	_()	Cell
5. SSN (Required)		6. Birthdate _	///	
7. EMAIL				
8. EMPLOYER BUSINESS NAME				
2. MAILING ADDRESS				
Street/PO Box		City	State	Zip
3. PHYSICAL ADDRESS				
(If different from mailing) Street		City	State	Zip
CERTIFICATION: I certify under penalty of perjury under the laws of the State of Oklahoma that the foregoing is true and correct. I understand this is an election for a permanent change of license category and should I later want to change from journeyman back to contractor category, either active or inactive, I will be required to retake and pass the contractor license exam and meet all other contractor license requirements.				
Annlicant's Signature:			Date:	1 1
Applicant's Signature:	(Sign before Notary)		Date:	
This Section to be filled out by Notary	only NOTARY A	AFFIDAVIT_		
State of	County of			
Subscribed and sworn to or affirmed before me this day of				, 20
by[Applicant's Name – Please Print]				
[Applicant's Name – Please Print]				
My Commission Expires:		indiary.		
My Commission Number:				(SEAL)
111y Commission runnoci.				(SLAL)