

Construction Industries Board  
2401 N.W. 23<sup>rd</sup> Street, Suite 2F  
Oklahoma City, OK 73107  
Telephone: (405) 521-6550  
www.ok.gov/cib

*Do Not Mark in This Section*  
**MEDICAL GAS  
JOURNEYMAN**

**APPLICATION FOR MEDICAL GAS JOURNEYMAN LICENSE**

**This is an application for a Medical Gas Journeyman License only. Licensed unlimited mechanical contractors, process piping mechanical contractors, plumbing contractors or journeyman plumbers pursuant to the laws of this state who possess a current ASSE 6010 certification are exempt and not required to possess a Medical Gas Journeyman License.**

**Copy of Current ASSE 6010 Certification, and Affidavit Verifying Lawful Presence Must Accompany Application**

*Type or print in ink*

1. NAME \_\_\_\_\_  
                        First  Middle  Last

2. MAILING ADDRESS \_\_\_\_\_  
  Street  City  State                        Zip

PHYSICAL ADDRESS \_\_\_\_\_  
  Street  City  State                        Zip

3. TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
  Residence  Business  Cell Phone

4. BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_      SSN: \_\_\_\_\_

5. Fee(s) which must be submitted with Application (check appropriate box):

- I do not have a Mechanical Journeyman License. Fees totaling \$75.00 (\$25.00 application fee and \$50.00 license fee) are being submitted with this Application.
  
- I have an active Mechanical Journeyman License. An application fee of \$25.00 is being submitted with this Application.

6. **Applicant's Signature:** \_\_\_\_\_    **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

The applicant signing this application being duly sworn declares that the statements subscribed to by him/her are true to the best of his/her knowledge and that he/she personally signed this application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary \_\_\_\_\_ My Commission expires: \_\_\_\_\_

Commission Number: \_\_\_\_\_

(SEAL)

**Instructions for Required Affidavit:**

All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma Construction Industries Board are required, by the provisions of 56 O.S. § 71, to provide the Board with verification of lawful presence in the United States by executing the Affidavit shown below before a notary public or other officer authorized to notarize affidavits under State law. The Board’s licensing offices are staffed with notaries who are available to provide notary service at no cost to Applicants.

**AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES**

**Affidavit of**

\_\_\_\_\_ )  
STATE OF OKLAHOMA )  
[Applicant's Full Name] ) ss:  
COUNTY OF \_\_\_\_\_ )

I \_\_\_\_\_, of lawful age, being first duly sworn, upon oath state, under penalty  
[Applicant's Full Name]  
of perjury, as follows:

Please check the appropriate box:

Option 1:  I am a United States Citizen.

Option 2:  I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. *For this Option, a copy of a valid immigration document which reflects the applicant's "A" number or "I-94" number must accompany this Affidavit.*

\_\_\_\_\_  
[Signature of Applicant]

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_.  
[Applicant's Name – Please Print]

\_\_\_\_\_  
[Signature of Notary]

My Commission Expires: \_\_\_\_\_

My Commission Number: \_\_\_\_\_

(Notary Seal)