



STATE OF OKLAHOMA
DEPARTMENT OF CONSUMER CREDIT

Notification Filing

Statute: Title 14A § 6-201 et.seq.

Please Print: Complete ALL blanks on this form and return with the applicable fees for each location.

Business Name _____ Area Code & Phone _____

Name in which business is transacted if different from official name (dba) _____

Address of Business location (List all other locations on additional sheet) _____

Address of Principal Office (Mailing Address) _____ City _____ State _____ Zip _____

Email Address _____

REQUIRED: DESIGNATED AGENT-This is a physical address in the State of Oklahoma for receipt of judicial and other process or legal notice to the applicant.

Mark the box if DESIGNATED AGENT address is the same as the principal office address

Address for DESIGNATED AGENT-In the State of Oklahoma _____ City _____ State _____ Zip _____

Printed Name of the Business Owner _____ Title _____

Signature _____ Date _____

If consumer credit sales, consumer leases or consumer loans are not made at an office or retail store in this state, a brief description of the manner in which they are made:

Annual License Fee	\$120.00
Investigation Fee	<u>\$100.00**</u>
Total Amount Due	\$220.00

Effective November 1, 2019

****14A O.S. § 6-203** Any person required to file notification pursuant to the provisions of Sections 6-201 of this title, on or before January 31 of each year, shall pay to the Administrator of Consumer Credit an annual fee as prescribed by rule, and an investigation fee of One Hundred Dollars (\$100.00) for each business location.

Please email licensing@okdccc.ok.gov should you have questions regarding this application.

**Make checks payable to Department of Consumer Credit or (DOCC)
Mail application and payment to
629 NE 28th St, Oklahoma City, OK 73105
No Faxes**

Scott Leshner
Administrator

Ruben Tornini
Deputy Administrator



J. Kevin Stitt
Governor

Matt Pinnell
Lt. Governor

**STATE OF OKLAHOMA
DEPARTMENT OF CONSUMER CREDIT**

VERIFICATION OF LAWFUL PRESENCE NOTIFICATION

All natural persons, including sole proprietorships, applying for a license from the Department of Consumer Credit must verify their lawful presence in the United States in accordance with 56 O.S. § 71 (H) before a license may be issued.

There are (2) affidavits attached and are labeled as Forms 1 for U.S Citizens and Form 2 for Qualified Aliens
Each person will choose only one affidavit to sign.

1. If you are a United States citizen, you will complete and sign Form 1 for a U.S. Citizen
2. If you are a Qualified Alien and you are in the United States lawfully under the Federal Immigration and Naturalization Act, you will complete and sign Form 2 for a Qualified Alien. Please also attach documentation, such as a permanent resident card.

You are either a United States Citizen or a Qualified Alien – please do not submit both forms. The affidavit should be fully notarized, including the notary public's commission number. If your state does not have a commission number issued, place "N/A" in the commission number space.

NOTE: Please submit the appropriate form to the Department of Consumer Credit before or with your license application or renewal. Qualified Aliens must submit a new affidavit for each license renewed. United States citizens are not required to submit a new affidavit for a license renewal.

Scott Leshar
Administrator

Ruben Tornini
Deputy Administrator



J. Kevin Stitt
Governor

Matt Pinnell
Lt. Governor

**STATE OF OKLAHOMA
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**AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES
Form 1 - For U. S. Citizens**

Section A (Applicant Information)

Affidavit of:

Name of Individual Applicant

Company Name

Section B (Notary Public)

State of: _____

County of: _____

_____, of lawful age, being first duly sworn,
Printed Name of Individual Applicant

upon oath states under penalty of perjury as follows:

I am a United States citizen.

Signature of Applicant

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____.

Notary Public

(Seal)

Commission Number

My Commission Expires

Scott Leshar
Administrator

Ruben Tornini
Deputy Administrator



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**AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES
Form 2 – Qualified Aliens**

Section A (Applicant's Information)

Please type or print clearly. **You must include a copy of both the front and back of your green card with this form.**

Full Legal Name of Applicant: _____

Date of Birth: _____ Social Security Number: _____

Nationality: _____ Company Name: _____

Section B (Notary Public)

State of: _____

County of: _____

_____, of lawful age, being first duly sworn,
Printed Name of Individual Applicant

upon oath states under penalty of perjury as follows:

I am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States.

Signature of Applicant

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____.

Notary Public

(Seal)

Commission Number

My Commission Expires

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VERIFICATION OF MILITARY SERVICE

Oklahoma has passed a law – Post Military Service Occupation, Education and Credentialing Act, codified at 59 O.S. § 4100 et seq., that provides Armed Forces Service Members and Spouses considerations when applying for or renewing an occupational license. They include:

- Expedited processing.
- Provide automatic license extensions at the annual renewal time for active duty service members whose licenses were in good standing at the time of military activation.

The full statute may be accessed via a link at www.ok.gov/okdocc.

If you or your spouse are an active military service member and are requesting consideration under the provisions of this Act, please complete the attached form. This information will be used to verify service on the Service members Civil Relief Act (SCRA) Website.

Please be aware that all materials provided are confidential and will be destroyed in accordance with the Department's records disposition schedule

Scott Leshner
Administrator

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VERIFICATION OF MILITARY SERVICE

Please complete the information below, in its entirety, for the ACTIVE SERVICE MEMBER.

Full Name of Service Member	
Social Security Number of Service Member	
Birth Date of Service Member	
Active Duty Status Date (if available)	

Check one:

- New License Application
- Renewal Application