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**STATE OF OKLAHOMA  
DEPARTMENT OF CONSUMER CREDIT**

## **NOTICE**

The State of Oklahoma passed an immigration bill known as House Bill 1804, the Oklahoma Taxpayer and Citizen Protection Act of 2007. This bill went into effect on November 1, 2007.

One of the provisions of the bill is the requirement that all natural persons, including Sole Proprietorships, obtaining a license from all State Agencies must show lawful presence in the United States.

Attached are two affidavits (each person will choose one of these to sign):

- If you are a United States citizen, you will sign Form 1
- If you are a qualified alien and you can prove you are in the United States lawfully under the Federal Immigration and Naturalization Act, you will sign Form 2

**You are either a citizen OR a qualified alien -- please do not submit both forms.** Make additional copies of the forms as needed. These affidavits must be notarized. **Under Oklahoma law, we cannot issue your license without the proper affidavit(s).** United States citizens are not required to submit a new affidavit for license renewals. Qualified aliens must submit a new affidavit for each license renewal.

This is a requirement of the State of Oklahoma; our Department has no authority to address it. If you need further information, you may review the text of the bill by visiting the following web link:

<http://www.oscn.net/applications/oscn/deliverdocument.asp?id=448995&hits>

As always, we appreciate your spirit of cooperation.

**Oklahoma Department of Consumer Credit**

**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

Printed Name of Individual Applicant

sworn, 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

**Oklahoma Department of Consumer Credit**

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

Form 2 - For 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)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, of lawful age, being first duly sworn, upon oath  
Printed Name of Individual Applicant  
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\_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

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

\_\_\_\_\_  
My Commission

Expires

## **PRECIOUS METAL & GEM EMPLOYEE LICENSE APPLICATION**

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## **LICENSE APPLICATION INSTRUCTIONS**

To make application for an Oklahoma Precious Metal and Gem Employee License, all prescribed forms and additional required exhibits must be fully completed and mailed or delivered to:

**Oklahoma Department of Consumer Credit  
629 NE 28<sup>th</sup> St  
Oklahoma City, OK 73105**

All fees required must be submitted with the application. Upon receipt of a **complete package**, a staff member will carefully review all documents and an independent investigation will be made into the experience, character and general fitness of the applicant(s). All applications are reviewed in the order in which they are received.

### **A complete application package for a Precious Metal & Gem Employee license is composed of:**

- I. **PRECIOUS METAL EMPLOYEE APPLICATION FORM:** An employee is any person working for a dealer (whether or not the person is in the direct employment of the dealer or works full time or part time) who handles used precious metals and gems for a dealer. This page is for information on the employee to be licensed, including mailing address. Complete all sections that apply. Be sure to sign and notarize. Include an affidavit of lawful presence with each employee application, signed and notarized.
- II. **FEE FOR LICENSE:** When making an application for a Precious Metal and Gem Employee license, the applicant shall pay a \$200.00 (TWO HUNDRED DOLLARS) non-refundable fee for each license. The annual fee for each employee authorized to handle used precious metals or gems for the dealer will be \$200.00 (TWO HUNDRED DOLLARS).
- III. **AFFIDAVIT OF LAWFUL PRESENCE IN THE UNITED STATES OF AMERICA:** Attached to the application are two affidavits required by Oklahoma law. The applicable affidavit must be signed by natural persons, including sole proprietorships, applying for a license issued by the State of Oklahoma. If a person is a United States citizen, please sign and notarize Form 1. If a person is an alien lawfully residing in the United States of America, please sign and notarize Form 2.  
  
The affidavit must be submitted to the Department by mail or courier service or delivered in person. United States citizens are not required to submit a new affidavit for license renewals. Aliens lawfully residing in the United States of America are required to submit an affidavit for each license renewal.
- IV. **MILITARY SERVICE VERIFICATION:** Please complete the *Military Service Verification Form* if you or your spouse is in Active Duty status in the Armed Forces and you wish to receive considerations provided by SB1863 Post-Military Service Occupation, Education and Credentialing Act, codified as 59 O.S. §4100 *et seq.* The information provided will be verified through the Servicemembers Civil Relief Act Website.
- V. **LOW INCOME INDIVIDUALS:** Please complete the *Low Income Individuals* form if you wish to receive considerations provided by 59 O.S. § 4003 (A).

***PLEASE RETAIN INSTRUCTIONS FOR FUTURE REFERENCE***

**LICENSEE CHANGES**

Licenses issued under the Oklahoma Precious Metal and Gem Dealers Act are issued on the basis of representations made on the application and supporting documents. Any substantial change in the information included in the application must be reported to the Administrator immediately.

If any material misrepresentations or unreported changes of circumstances are subsequently discovered, the license is subject to revocation after it has been issued.

Changes in location, ownership, partners, and in the principal parties at interest in an entity must be submitted in writing for approval Thirty (30) Days prior to the effective date of the change. There is a \$25 per license amendment fee.

**RENEWAL REQUIREMENTS**

Annual renewal of the license is the responsibility of each licensee. The licensee is to submit a renewal application, renewal fee of \$200 (TWO HUNDRED DOLLARS) to be postmarked on or before the first day of December of each year. **(All renewals that are not postmarked by December 1<sup>st</sup> will be subject to a \$10 per day late fee, up to 30 days.)**

If you are an active duty service member of the Armed Forces at the time of annual renewal, please complete the *Military Service Verification* form. Upon verification, your license effective date will be extended, with no further payment, for up to a year after your active service has been completed.

If you are a low income individual at the time of annual renewal, please complete the *Low Income Individual* form in order to be considered for a fee waiver.

## **LICENSE APPLICATION CHECKLIST**

The checklist below is provided to help ensure that you submit a complete application.

- I. **APPLICATION - *SIGNED AND NOTARIZED***
- II. **AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES**
- III. **MILITARY SERVICE VERIFICATION FORM (IF APPLICABLE)**
- IV. **LOW INCOME INDIVIDUALS FORM (IF APPLICABLE)**

**PRECIOUS METAL AND GEM DEALERS EMPLOYEE APPLICATION**

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Resident Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

E-Mail \_\_\_\_\_ Telephone \_\_\_\_\_

Licensed Precious Metal and Gem Dealer Employed with:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

License Number: \_\_\_\_\_

Check the appropriate box if any of the following apply to you. If any apply, please complete the *Military Service Verification* form for expedited processing:

- I am a member of the Armed Forces
- My spouse is a member of the Armed Forces
- My spouse is on active duty within this state
- My spouse is a permanent resident of this state for the 6 months prior to assignment to active duty
- My spouse is a permanent resident of this state during the period of active duty

**Annual Fee of \$200.00 (TWO HUNDRED DOLLARS)**

Notary Public

Before me, the undersigned, personally appeared and being first duly sworn states that he/she has the authority to agree to the above, understands the same, and that the statements contained herein above are true and correct.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

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



## 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

## LOW INCOME INDIVIDUALS

Upon presentation of satisfactory evidence that an applicant for licensure is a low-income individual, a one-time one-year waiver of fees shall be granted. A “low income individual” means an individual who is enrolled in a state or federal public assistance program, including, but not limited to, the Temporary Assistance for Needy Families (TANF), Medicaid or the Supplemental Nutrition Assistance Program (SNAP) or whose household adjusted gross income is below one hundred forty percent (140%) of the federal poverty line.

Please complete the information below, in its entirety.

Full Name of Applicant	
Social Security Number of Applicant	
Birth Date of Applicant	

Please indicate the applicable category:

- Temporary Assistance for Needy Families (TANF)
- Medicaid
- Supplemental Nutrition Assistance Program (SNAP)
- My household adjusted gross income is below one hundred forty percent (140%) of the federal poverty line
- Other (indicate public assistance program): \_\_\_\_\_

Check one:

- New License Application
- Renewal Application