

OKLAHOMA MOTOR VEHICLE COMMISSION
APPLICATION FOR MOTOR VEHICLE REPRESENTATIVE LICENSE

1. Legal Name

First MI Last

2. SS # (last 4 digits only):

3. Job Title:

4. Home Address:

Address

City

State Zip

5. Ph #:

6. Work Email:

7. Employed by:

8. Division:

(if applicable)

9. Employer Address:

Address

City

State Zip

10. List any other Manufacturer/Distributors that you currently represent:

11. Have you ever had a Representative License denied, revoked or suspended in this or any other state? Y or N

If yes, explain:

I agree to abide by the Laws and Rules of the State of Oklahoma, Motor Vehicle Commission. I certify under penalty of perjury that the answers and information contained herein are true and correct. I understand that my License may be denied, revoked or suspended for any material misstatement of fact.

Signature

Applicant Signature

Date

EMPLOYER'S ENDORSEMENT

I have read the foregoing answers by the above Applicant and believe them to be true to the best of my knowledge. **This Applicant, Representing My Company**, is recommended as trustworthy and a person who will abide by the provisions of the law, rules and regulations governing the sale and distribution of new motor vehicles.

Signature

Authorized Signature of Employer

Title

Print Name

Date

****\$100.00 Fee**

Oklahoma Motor Vehicle Commission
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