

OKLAHOMA NEW MOTOR VEHICLE COMMISSION
APPLICATION PACKET FOR INITIAL TEMPORARY LICENSE PLATE VENDOR

THIS PACKET IS FOR: Registration of An Authorized Temporary License Plate Vendor Serving New Vehicle Dealers.

Authorized Vendors must register before they can legally sell temporary license plates, temporary license plate printing services or new vehicle sale data transfer services to new vehicle dealers. Sanctions such as fines or denial of registration may be imposed for non-compliance.

REGISTERED TEMPORARY LICENSE PLATE VENDORS MUST CONTACT THE ONMVC TO VERIFY THAT NEW VEHICLE DEALER CLIENTS ARE LICENSED BY THE ONMVC BEFORE PROVIDING LICENSE PLATES OR SERVICES TO ANY NEW VEHICLE DEALERS.

Temporary license plates, temporary license plate printing services or dealership sales data transfer services to new vehicle dealers are to be provided ONLY after new vehicle dealer franchise license(s) have been confirmed to be current and in good standing by the Commission.

***** CAREFULLY FOLLOW THE CHECKLIST BELOW TO MAKE COMPLETE APPLICATION *****

- _____ 1. **AUTHORIZED VENDOR REGISTRATION FORM:** Form must be complete, signed and notarized. IF WE CAN'T READ IT, WE WILL RETURN IT. TYPE OR PRINT LEGIBLY. Answer all questions.
- _____ 2. **FINANCIAL INFORMATION:** Submit a **Company Balance Sheet or Pro Forma. A personal financial statement is required for a sole proprietorship.** The Balance Sheet must be certified by an officer of the company, and current within the last 60 days. A blank Balance Sheet form is included in this packet for your convenience or you may submit your own, but make sure it is signed and certified that it is accurate.
- _____ 3. **BUSINESS HISTORY:** Provide a brief history of the business and of each Owner or Manager who will be active in the daily operations. Include previous business ownership and/or employment.
- _____ 4. **\$1,000,000 COMMERCIAL LIABILITY INSURANCE:** A valid Certificate of Insurance must be issued by the commercial insurance carrier and accompany this application. It must reflect the ownership, business name and address as it appears on the initial application. Commercial liability coverage must be kept in force at all times with no lapse in coverage during the period of registration. A lapse in coverage may result in revocation of the registration.
- _____ 5. **VALID U.S. ISSUED ID:** A valid US issued identification or driver's license must be submitted for all applicants listed in this application.
- _____ 6. **\$50,000 VENDORS BOND:** Submit an original bond completed by a bonding agent on the enclosed bonding form. The form must be signed by the owner and reflect the ownership, business name and the address as it appears on the initial application.
- _____ 7. **CURRENT CERTIFICATE OF INCORPORATION OR LLC OR CERTIFICATE OF GOOD STANDING:**
If the business is a Corporation, LLC, LP or LLP, submit a copy of the Certificate of Incorporation or LLC **OR** a current Certificate of Good Standing issued by the state business registration authority where the business entity is registered. If an out-of-state company, provide proof that company is authorized to do business in the state of Oklahoma by submitting proof of business filing or a current Certificate of Good Standing from the Oklahoma Secretary of State.
- _____ 9. **FEE: \$600.00 PER REGISTRATION.** Check or Cashiers Check is only acceptable form of payment. Registration fees are non-refundable unless application is denied.

Contact Marilyn Maxwell at (405) 607-8227, ext 101 or Brad Bailey at (405) 607-8227, ext. 102 for assistance.

OKLAHOMA NEW MOTOR VEHICLE COMMISSION

INITIAL APPLICATION FOR AUTHORIZED TEMPORARY LICENSE PLATE VENDOR

PLEASE TYPE

1. DBA Name _____ 2. Legal Name _____
(if different)

3. Physical Address _____
Street Address City State Zip County

4. Mailing Address _____
(if different) P.O. Box City State Zip

5. Is the location of the business a residence? _____ Yes _____ No

6. Main Phone # (_____) _____ 7. Website: _____

8. Exec. Manager _____
Name Direct Phone # E-Mail

Contact Person _____
(filling out this form, if different)

9. Will this be the applicant's primary occupation? _____ Yes _____ No If No, explain on separate sheet of paper.

10. Federal ID Number? _____

11. Type of Ownership: ___ Individual ___ Partnership ___ Corporation ___ LLC ___ LP ___ LLP

12. Complete for each Person with an **Ownership Interest** (include date of birth and percent of ownership for each:

NAME	COMPLETE HOME ADDRESS	TITLE	D.O.B.	%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%

13. Have you or any of the principals ever been convicted of a felony? _____ Yes _____ No **If Yes, complete below:**

Who? _____ **Where?** _____ **When?** _____

(circle one) **Federal** or **State Charge** **Convicted of:** _____

****If yes, attach** copy of a Criminal History Background Report relating to the felony charge(s). The Application will not be processed without this documentation. This Commission has the authority to verify, independently, the accuracy of your response.

Balance Sheet

Date: _____

Current Assets

Cash _____
Accounts receivable _____
Inventory _____
Prepaid expenses _____
Short-term investments _____

Total current assets _____

Fixed (Long-Term) Assets

Long-term investments _____
Property, plant, and equipment _____
(Less accumulated depreciation) _____
Intangible assets _____

Total fixed assets _____

Other Assets

Other _____

Total Other Assets _____

Total Assets

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Current Liabilities

Accounts payable _____
Short-term loans _____
Income taxes payable _____
Accrued salaries and wages _____
Unearned revenue _____
Current portion of long-term debt _____

Total current liabilities _____

Long-Term Liabilities

Long-term debt _____
Deferred income tax _____
Other _____

Total long-term liabilities _____

Owner's Equity

Owner's investment _____
Retained earnings _____
Other _____

Total owner's equity _____

Total Liabilities and Owner's Equity

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OKLAHOMA NEW MOTOR VEHICLE COMMISSION

PERSONAL AND BUSINESS HISTORY
AUTHORIZED TEMPORARY LICENSE PLATE VENDOR REGISTRATION APPLICATION

PLEASE PRINT CLEARLY

1. REGISTERED BUSINESS ENTITY NAME: _____

2. FULL NAME: _____
(First Middle Initial Last)

3. ADDRESS: _____
Street City State Zip

4. SSN: 4. Birth Date: ____/____/____ 5. HOME/CELL: (____) _____
(LAST 4 DIGITS ONLY!)

6. BUSINESS DBA (IF APPLICABLE): _____

7. BUSINESS ADDRESS: _____
Street City State Zip

10. HAVE YOU EVER BEEN LICENSED OR REGISTERED BEFORE BY THIS COMMISSION?
 YES NO

11. HAVE YOU EVER HAD A LICENSE/REGISTRATION DENIED, REVOKED OR SUSPENDED
IN THIS OR ANY OTHER STATE?
 YES NO If Yes, provide details: _____

I agree to abide by the Laws and Rules of the State of Oklahoma, New Motor Vehicle Commission. I certify under penalty of perjury that the answers and information contained herein are true and correct.

Applicant Signature _____ Date: _____

ATTACH PROOF OF SURETY BOND HERE

ATTACH CERTIFICATE OF COMMERCIAL LIABILITY INSURANCE HERE