

**State of Oklahoma  
Department of Consumer Credit  
Notification  
2016 Filing Form**

**License Number:**  
**Licensee Name:**  
**Licensee Address:**

**Renewal Fee Components**

|                                  |                                   |
|----------------------------------|-----------------------------------|
| Annual License Fee               | \$120.00                          |
| 14% Annual License Fee Reduction | (\$16.80)                         |
| <b>Total Amount Due:</b>         | <b>(Pay this amount) \$103.20</b> |

**NOTE: A late fee of \$10 per day will be charged for up to 30 days if the completed form with payment is not postmarked on or before January 31, 2016.**

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Instructions**

1. Please ensure that this form and any payments are signed by the appropriate person.
2. Make checks/money orders payable to: Oklahoma Department of Consumer Credit
3. Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please submit a certified copy of the Judgement and Sentence of the Court with this renewal application.)

**The undersigned hereby certifies that he/she is authorized to complete this form and pay appropriate fees, and that the information set forth above is true and correct.**

**Print Name of Person Authorized to Renew License:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return completed form and payment to: Oklahoma Department of Consumer Credit  
3613 NW 56th Street  
Suite 240  
Oklahoma City, OK 73112-4512**

**For DOCC Use Only**

**Postmark Date:**

**Date Received:**

**Date License Mailed:**

**Mailed By:**

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