

**State of Oklahoma  
Department of Consumer Credit  
Consumer Litigation Funder  
2017 License Renewal Form**

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

**Renewal Fee**

Annual License Fee (Pay this Amount) \$580.00

**NOTE: Completed form with payment must be postmarked on or before December 1. License will expire if completed form and payment are not received by December 31, 2016.**

**E-Mail:** \_\_\_\_\_ **Website:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Instructions**

1. 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.)
2. Affidavit verifying lawful presence in the United States of America shall be submitted for individuals or sole proprietorships that are qualified aliens.
3. A business entity licensee shall submit a current Certificate of Good Standing issued by the Oklahoma Secretary of State. The current Certificate must be issued within (30) days of the date of the license renewal application.
4. Please submit documentation on any information, unless submitted previously, that has been changed since the initial application was submitted.
5. A foreign business entity that is exempt from obtaining a Certificate from the Oklahoma Secretary of State shall provide a current Certificate of Good Standing or other applicable document by an authorized official of the jurisdiction in which the foreign business entity was formed or incorporated evidencing the existence and good standing of the foreign business entity.
6. Submit a copy of current bond or irrevocable letter of credit in the amount of \$50,000.00.
7. Please ensure that this form and any payments are signed by the appropriate person. Make checks/ money orders payable to: Oklahoma Department of Consumer Credit.

**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:** \_\_\_\_\_