

State of Oklahoma  
Department of Consumer Credit  
Credit Service Organization  
2017 License Renewal Form

License Number:  
Licensee Name:  
Licensee Address:

**Renewal Fee Components**

Annual License Fee		\$200.00
Examination Fee		<u>\$400.00</u>
<b>Total Amount Due:</b>	(Pay this amount)	<b>\$600.00</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 December 1. License will expire if completed form and payment are not received or postmarked by December 31st, 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.)
4. Please submit documentation on any information, unless previously submitted, that has been changed since the initial application was submitted.
5. Submit a copy of current bond in the amount of \$10,000.00.

**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**

<b>Postmark Date:</b>	<b>Date Received:</b>	<b>Date License Mailed:</b>	<b>Mailed By:</b>
_____	_____	_____	_____