

**State of Oklahoma
Department of Consumer Credit
Notification
2017 Filing Form**

License Number:
Licensee Name:
Licensee Address:

Renewal Fee

Annual License Fee (Pay this amount) \$120.00

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, 2017. License will expire if completed form and payment are not received or postmarked by January 31, 2017.

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. Please submit documentation on any information, unless submitted previously, that has been changed since the initial application was completed.

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:** _____