

**State of Oklahoma
Department of Consumer Credit
Health SPA
2017 Registration Renewal Form**

License Number:
Licensee Name:
Licensee Address:

Renewal Fee

Annual Registration Fee

(Pay this amount)

\$300.00

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 December 1. Registration 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 submitted previously, that has been changed since the initial application was completed.
5. Submit a copy of current bond.

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:
