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**STATE OF OKLAHOMA
DEPARTMENT OF CONSUMER CREDIT**

NOTICE

The State of Oklahoma passed an immigration bill known as House Bill 1804, the Oklahoma Taxpayer and Citizen Protection Act of 2007. This bill went into effect on November 1, 2007.

One of the provisions of the bill is the requirement that all natural persons, including Sole Proprietorships, obtaining a license from all State Agencies must show lawful presence in the United States.

Attached are two affidavits (each person will choose one of these to sign):

- If you are a United States citizen, you will sign Form 1
- If you are a qualified alien and you can prove you are in the United States lawfully under the Federal Immigration and Naturalization Act, you will sign Form 2

You are either a citizen OR a qualified alien -- please do not submit both forms. Make additional copies of the forms as needed. These affidavits must be notarized. **Under Oklahoma law, we cannot issue your license without the proper affidavit(s).** United States citizens are not required to submit a new affidavit for license renewals.

Qualified aliens must submit a new affidavit for each license renewal.

This is a requirement of the State of Oklahoma; our Department has no authority to address it. If you need further information, you may review the text of the bill by visiting the following web link:

<http://www.oscn.net/applications/oscn/deliverdocument.asp?id=448995&hits>

As always, we appreciate your spirit of cooperation.

Oklahoma Department of Consumer Credit

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Form 1 - For U. S. Citizens

Section A (Applicant Information)

Affidavit of:

Name of Individual Applicant

Company Name

Section B (Notary Public)

STATE OF _____

COUNTY OF _____

_____, of lawful age, being first duly
Printed Name of Individual Applicant
sworn, upon oath states under penalty of perjury as follows:

I am a United States citizen.

Signature of Applicant

Subscribed and sworn to or affirmed before me this _____ day of _____, 20_____.

Notary Public

Commission Number

My Commission Expires

(Seal)

Oklahoma Department of Consumer Credit

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Form 2 - For Qualified Aliens

Section A (Applicant's Information)

Please type or print clearly. **You must include a copy of both the front and back of your green card with this form.**

Full Legal Name of Applicant: _____

Date of Birth: _____ Social Security Number: _____

Nationality: _____

Company Name: _____

Section B (Notary)

STATE OF _____

COUNTY OF _____

_____, of lawful age, being first duly sworn, upon oath

Printed Name of Individual Applicant
states under penalty of perjury as follows:

I am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States.

Signature of Applicant

Subscribed and sworn to or affirmed before me this _____ day of _____, 20_____.

Notary Public

(Seal)

Commission Number

My Commission Expires

VERIFICATION OF MILITARY SERVICE

Oklahoma has passed a law – Post Military Service Occupation, Education and Credentialing Act, codified at 59 O.S. § 4100 et seq., that provides Armed Forces Service Members and Spouses considerations when applying for or renewing an occupational license. They include:

- Expedited processing.
- Provide automatic license extensions at the annual renewal time for active duty service members whose licenses were in good standing at the time of military activation.

The full statute may be accessed via a link at www.ok.gov/okdocc.

If you or your spouse are an active military service member and are requesting consideration under the provisions of this Act, please complete the attached form. This information will be used to verify service on the Service members Civil Relief Act (SCRA) Website.

Please be aware that all materials provided are confidential and will be destroyed in accordance with the Department's records disposition schedule

VERIFICATION OF MILITARY SERVICE

Please complete the information below, in its entirety, for the ACTIVE SERVICE MEMBER.

Full Name of Service Member	
Social Security Number of Service Member	
Birth Date of Service Member	
Active Duty Status Date (if available)	

Check one:

- New License Application
- Renewal Application

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LICENSE APPLICATION INSTRUCTIONS

To make application for an Oklahoma Rental Purchase Lessor License, all prescribed forms and additional required exhibits must be fully completed and mailed or delivered to:

**Oklahoma Department of Consumer Credit
3613 NW 56th St., Suite 240
Oklahoma City, OK 73112-4512**

All fees required must be submitted with the application. Upon receipt of a complete package, a staff member will carefully review all documents and an independent investigation will be made into the experience, character and general fitness of the applicant(s). All applications are reviewed in the order in which they are received.

A complete application package for a Rental Purchase Lessor license is composed of:

- I. APPLICATION:** These pages are for information on the business to be licensed, including mailing address, location, ownership, etc. Complete all sections that apply. Be sure to sign and notarize.
- II. RECORD KEEPING AND LOCATION OF EXAMINATION FORM:** Complete this form to indicate where and how records will be maintained.
- III. A COPY OF ALL BASIC DOCUMENTS ESTABLISHING THE ENTITY:**
 - A. Sole Proprietorship:**
 1. A copy of the Certificate of Fictitious Name.
 2. A Form 1 or Form 2 Affidavit, showing lawful presence in the United States (See attached forms).
 - B. General Partnerships:**
 1. A copy of the partnership agreement signed by all parties involved.
 2. If the partnership does business under an assumed or fictitious name, supply a copy of a Certificate of Fictitious Name.
 3. A list of the names, addresses, social security numbers, date of births, and telephone numbers of the partners.
 - C. Limited Partnerships:**
 1. A copy of the Limited Partnership Certificate filed with the Secretary of State. Such copy must show the date the document was filed.
 2. If the partnership does business under an assumed or fictitious name, supply a copy of the Trade Name Report filed with the Secretary of State.
 3. A list of the names, addresses, social security numbers, date of births, and telephone numbers of the partners.
 - D. Limited Liability Companies:**
 1. A copy of the Certificate of Organization or Articles of Organization filed with the Secretary of State.
 2. If doing business using a fictitious name, supply a copy of the Trade Name Report filed with the Secretary of State.
 3. A list of the names, addresses, social security numbers, date of births, and telephone numbers of each major stockholder, officers and directors of the LLC.
 - E. Domestic Corporations:**
 1. A copy of the Certificate of Incorporation or Articles of Incorporation filed with the Secretary of State.
 2. If doing business using a fictitious name, supply a copy of the Trade Name Report filed with the Secretary of State.
 3. A list of the names, addresses, social security numbers, date of births, and telephone numbers of each major stockholder, officers and directors of the corporation.

F. Foreign Corporations:

1. A copy of the Certificate of Incorporation or Articles of Incorporation.
2. A Certificate of Authority showing that the applicant is authorized to transact business in their state of incorporation or in the State of Oklahoma.
3. If your business falls under one of the exemptions on the Secretary of State's instruction sheet, highlight the exemptions that apply and submit a copy with your application.
4. If doing business using a fictitious name, supply a copy of the Trade Name Report filed with the Secretary of State.
5. A list of the names, addresses, social security numbers, date of births, and telephone numbers of each major stockholder, officers and directors of the Foreign Corporation.

For information concerning above items, contact:

**Oklahoma Secretary of State
2300 N. Lincoln Blvd., Room 101
Oklahoma City, OK 73105
(405) 521-3912**

IV. FEE FOR INVESTIGATION, LICENSE AND EXAMINATION: When making an application for a license, the applicant shall pay a total of \$800.00 (EIGHT HUNDRED DOLLARS) which consists of an annual fee of \$200.00 (TWO HUNDRED DOLLARS) for each license and \$400.00 (FOUR HUNDRED DOLLARS) examination fee plus a \$200.00 (TWO HUNDRED DOLLARS) investigation fee per the Oklahoma Rental Purchase Act for the current calendar year.

V. ADDITIONAL LOCATION LICENSE REQUIREMENTS:

If you are applying for an additional location, you must complete:

- a) The application
- b) A check or money order for \$800.00 (EIGHT HUNDRED DOLLARS), which consists of an annual fee of \$200.00 (TWO HUNDRED DOLLARS) and \$400.00 (FOUR HUNDRED DOLLARS) for the annual examination fee and \$200 (TWO HUNDRED DOLLARS) Investigation fee.
- c) The record keeping and location of examination form

VI. MILITARY SERVICE VERIFICATION: Please complete the *Military Service Verification Form* if you or your spouse is in Active Duty status in the Armed Forces and you wish to receive considerations provided by SB1863 Post-Military Service Occupation, Education and Credentialing Act, codified as 59 O.S. §4100 *et seq.* The information provided will be verified through the Service members Civil Relief Act Website.

PLEASE RETAIN INSTRUCTIONS FOR FUTURE REFERENCE

LICENSEE CHANGES

Licenses issued under the Oklahoma Rental Purchase Act are issued on the basis of representations made on the application and supporting documents. Any substantial change in the information included in the application must be reported to the Administrator immediately. There is a \$25 per license amendment fee.

If any material misrepresentations or unreported changes of circumstances are subsequently discovered, the license is subject to revocation after it has been issued.

Changes in location, ownership, partners, and in the principal parties at interest in a corporation must be submitted in writing for approval THIRTY (30) DAYS prior to the effective date of the change.

RENEWAL REQUIREMENTS

Annual renewal of the license is the responsibility of each licensee. The licensee is to submit a renewal application, renewal fee of \$600.00 (SIX HUNDRED DOLLARS), which includes \$200.00 (TWO HUNDRED DOLLARS) annual license fee and examination fee of \$400.00 (FOUR HUNDRED DOLLARS) to be postmarked on or before the first day of December of each year.

If you are an active duty service member of the Armed Forces at the time of annual renewal, please complete the *Military Service Verification* form. Upon verification, your license effective date will be extended, with no further payment, for up to a year after your active service has been completed.

LICENSE APPLICATION CHECKLIST

The checklist below is provided to help ensure that you submit a complete application.

TASKS TO BE COMPLETED:

- I. **APPLICATION – SIGNED AND NOTARIZED**
- II. **DOCUMENTS ESTABLISHING ENTITY:**
 - a. **SOLE PROPRIETORSHIP INFORMATION – IF APPLICABLE**
 - b. **PARTNERSHIP INFORMATION – IF APPLICABLE**
 - c. **DOMESTIC CORPORATION INFORMATION – IF APPLICABLE**
 - d. **LIMITED LIABILITY INFORMATION – IF APPLICABLE**
 - e. **FOREIGN CORPORATION INFORMATION – IF APPLICABLE**
- III. **RECORD KEEPING AND LOCATION OF EXAMINATION FORM**

APPLICATION FOR OKLAHOMA RENTAL PURCHASE LESSOR LICENSE

**BEFORE THE ADMINISTRATOR)
OF THE DEPARTMENT OF)
CONSUMER CREDIT OF THE)
STATE OF OKLAHOMA IN THE)
MATTER OF THE APPLICATION)
OF:)
_____)**

Name of business to be licensed

This application will not be processed unless accompanied by all required exhibits (as reflected on the License Application Instructions) and the statutory fees as follows:

- A. \$200.00 (TWO HUNDRED DOLLARS) for each license, \$400.00 (FOUR HUNDRED DOLLARS) for the annual examination fee and \$200.00 (TWO HUNDRED DOLLARS) Investigation Fee annually provided.

Pursuant to, and in accordance with the provisions of the Oklahoma Rental Purchase Act, and for the purposes in said law set forth,

Name of Applicant

HTTP:// _____
Website

E-Mail

I am (please check your applicable category)

____ A Person

____ Joint Stock Company or Trust

____ Corporation

____ Association

____ Co-Partnership

____ Limited Liability Company

With the principal office and/or mailing address located:

Street Address

Telephone Number

City, State and Zip

Facsimile

Hereby applies to the Administrator of the Department of Consumer Credit of the State of Oklahoma, for a Rental Purchase Lessor License for the calendar year ending December 31, _____, at the following location;

Street Address of Business Location

Telephone Number

City, State and Zip

Facsimile

For the purpose of securing same, applicant makes the foregoing and following sworn statements of fact:

DESIGNATED AGENT:

Full Name Telephone Number

Address City, State and Zip

A resident of the State of Oklahoma as agent upon whom may be served all judicial and other process or legal notice directed to this applicant.

A. To be completed only if the applicant is an individual:

Full Name Social Security Number Date of Birth

B. To be completed only if the applicant is a partnership(attach additional sheets if necessary):

Full Name of Partner Social Security Number Date of Birth

Full Name of Partner Social Security Number Date of Birth

Have Articles of Limited Partnership been filed with the Secretary of State? Yes ___ No ___

C. To be completed only if applicant is a limited liability company:

Full Name of Member Social Security Number Date of Birth

Full Name of Member Social Security Number Date of Birth

Note: If there are additional members, please specify using additional sheets if necessary.

Have Articles of Limited Liability been filed with the Secretary of State? Yes ___ No ___

D. To be completed only if applicant is a corporation, association, joint stock company or trust:

OFFICERS:

Full Name of President Social Security Number Date of Birth

Full Name of Vice-President Social Security Number Date of Birth

Full Name of Treasurer Social Security Number Date of Birth

Full Name of Secretary Social Security Number Date of Birth

DIRECTORS AND TRUSTEES:

Full Name of Director/Trustee Social Security Number Date of Birth

Full Name of Director/Trustee Social Security Number Date of Birth

Note: If there are additional officers, directors or trustees, please specify using additional sheets if necessary.

NAME AND RESIDENCE ADDRESS OF EACH OFFICER OR MAJOR STOCKHOLDER:

Name Address

City, State and Zip

Name

Address

City, State and Zip

Name

Address

City, State and Zip

General questions to be answered by all applicants:

1. Is the business for which you are making application now in existence? Yes _____ No _____
2. In the event of approval, how long before operations will begin? _____
3. Have you ever been convicted of a felony? Yes _____ No _____ *(If yes, please furnish details, attaching extra sheets if necessary. You must also submit a certified copy of the Judgement and Sentence of the Court with this application.)*

Check the appropriate box if any of the following apply to you. If any apply, please complete the *Military Service Verification* form for expedited processing:

- I am a member of the Armed Forces
- My spouse is a member of the Armed Forces
- My spouse is on active duty within this state
- My spouse is a permanent resident of this state for the 6 months prior to assignment to active duty
- My spouse is a permanent resident of this state during the period of active duty

Notary Public

Before me, the undersigned, personally appeared and being first duly sworn states that the applicant has executed this application this _____ day of _____, 20_____, and acknowledges that applicant is duly authorized to execute the application, and that all statements and representations made are true and correct to the best of applicant's knowledge and belief, and that all statements and supporting schedules are made for the purpose of inducing the Administrator of the Department of Consumer Credit of the State of Oklahoma to grant said application.

Name of Applicant

Signature of Applicant

Name of Additional Applicant

Signature of Additional Applicant

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

(Seal)

Notary Public

Commission Number

My Commission Expires

**OKLAHOMA DEPARTMENT OF CONSUMER CREDIT
EXAMINATION & RECORD KEEPING INFORMATION**

Name of Applicant/Licensee: _____ License No.: _____

Main office address: _____

City, State and Zip: _____

Contact person: _____

Telephone: (_____) _____

Location where you intend to keep records (if different from above):

Address: _____

City, State and Zip: _____

RECORDS TO BE MAINTAINED IN A FORM OTHER THAN HARDCOPY

The applicant/licensee requests approval to record, copy or reproduce books, accounts and records in photographic, electronic or any form other than a hardcopy and will provide equipment necessary to access records for the purpose of an examination.

Describe how books, accounts and records will be maintained. _____

Describe how books, accounts and records will be made accessible to the Department for the purpose of an examination.

CERTIFICATION

I, _____, a duly authorized officer of
Name and Title

Applicant/Licensee

agree to maintain the books, records and accounts of the applicant/licensee in compliance with this record keeping request, which is submitted to the Oklahoma Department of Consumer Credit.

Date

Signature