

**Mail this completed form to:**  
**Oklahoma Department of Consumer Credit**  
**3613 NW 56th Street**  
**Suite 240**  
**Oklahoma City, OK 73112-4512**

**STATE OF OKLAHOMA**  
**DEPARTMENT OF CONSUMER CREDIT**

FOR DOCC USE ONLY	
Date entered	Changes made?

**Pawnbroker** **2019 Annual Report Notice** **Calendar year ending December 31, 2019**

**This report is due on or before May 1, 2020 and must be signed and notarized. A \$50 late fee is due for any report received after May 1, 2020. This report must be completed and returned, even if no business was conducted.**

Corporate Information	Licensee Information	License No.
Name: Address: City State & Zip:  Corporate Phone:  Corporate Email:  Corporate Website:	Name: Address: City State & Zip:	

As required by Oklahoma Statute §59-1508, we request that you complete this Annual Report. The information you provide will be compiled and published as a consolidated analysis of licensed Pawnbroker activity. This information will not be shared with unauthorized persons.

**Please complete the following sections:**

**Schedule A -- Report of pawn transactions (credit extended for report year 2019)**

<b>1. Total number of pawn tickets written (includes renewals)</b> .....	#	_____
<b>2. Total amount financed</b> .....	\$	_____
<b>3. Total pawn finance charges actually collected</b> .....	\$	_____
<b>4. Total number and dollar amount of buy agreements</b> .....	#	_____

**Schedule B -- Report of pledged goods not redeemed**

<b>5. Total number of pawns pulled for sale</b> .....	#	_____
<b>6. Dollar amount loaned on pawns pulled for sale</b> .....	\$	_____
<b>7. Number of pawns surrendered to peace officers</b> .....	#	_____
<b>8. Balance due on pawns surrendered to peace officers</b> .....	\$	_____
<b>9. Number and dollar amount of buy agreements surrendered to peace officers</b> .....	#	_____

**Pawnbroker Office Information**

<b>10. Number of employees (including self)</b> .....	#	_____
<b>11. Licensed as (check one):</b> Individual _____ Partnership _____ Corporation _____ LLC _____ Other _____		

**Print the name and phone number of the person completing this form:**

Name: _____	Phone: _____
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**AFFIDAVIT**

This affidavit must be executed by a duly authorized officer or a partner (if a corporation) or by the owner (if an individual proprietorship).

\_\_\_\_\_, being first duly sworn  
 (signature of person authorized to renew license)  
 according to law, affirms that he/she is a(n) \_\_\_\_\_  
 (officer, partner or owner)  
 of the above-named Pawnbroker, and that the foregoing schedules  
 represent a true condition of the said Pawnbroker's business as of the  
 close of business on December 31, 2019.

**NOTARY (THIS FORM MUST BE NOTARIZED)**

Subscribed and sworn to before me on:

\_\_\_\_\_

Date \_\_\_\_\_

Notary \_\_\_\_\_

County \_\_\_\_\_

Commission Expires (Date) \_\_\_\_\_ (Seal)