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## LICENSE APPLICATION INSTRUCTIONS

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

**Oklahoma Department of Consumer Credit**  
**3613 NW 56<sup>th</sup> 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 Supervised Lender 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. Provide social security number and date of birth for the applicant (the owner(s) or partners) per Oklahoma Statute §56-240.21A for background investigation.
- II. 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 Servicemembers Civil Relief Act Website.
- III. BOND:** A bond in the amount of \$5,000.00 (FIVE THOUSAND DOLLARS) for the first license. Be sure all signatures are affixed and include a copy of the bond and all attachments with your application.
- IV. RECORD KEEPING AND LOCATION OF EXAMINATION FORMS:** Complete these forms to indicate where and how records will be maintained. Remember to sign the certification on the form.
- V. FINANCIAL STATEMENT:** This statement shall reveal that the applicant has available for regulated loan operations, net assets of at least \$25,000.00 (TWENTY-FIVE THOUSAND DOLLARS). For sole proprietorship, the owner's personal financial statement must show assets of the required amount. For partnerships or limited liability companies the combined assets of the partners or members must equal or exceed the required \$25,000.00 (TWENTY-FIVE THOUSAND DOLLARS). If filing as a corporation, please submit the most recent balance sheet. This statement must be signed by the owner or an officer of the company or corporation, dated and notarized.
- VI. BUSINESS DOCUMENTS:**
  - A. Sole Proprietorships:**
    1. A certified copy of the Trade Name Report filed with the Oklahoma Secretary of State, if applicable.
    2. A list of the names, addresses, social security numbers, date of births, and telephone numbers of the partners/individual.
  - B. Partnerships:**
    1. A copy of the executed partnership agreement.
    2. A certified copy of the Trade Name Report filed with the Oklahoma Secretary of State, if applicable.
    3. A list of the names, addresses, social security numbers, date of births, and telephone numbers of the partners.
  - C. Oklahoma Limited Partnerships:**
    1. A certified copy of the Certificate of Limited Partnership filed with the Oklahoma Secretary of State.
    2. A certified copy of the Trade Name Report filed with the Oklahoma Secretary of State, if applicable.
    3. A Certificate of Good Standing issued by the Oklahoma Secretary of State.
    4. A list of the names, addresses, social security numbers, date of births, and telephone numbers of the partners.
  - D. Oklahoma Limited Liability Companies:**
    1. A certified copy of the Articles of Organization filed with the Oklahoma Secretary of State.
    2. A certified copy of the Trade Name Report filed with the Oklahoma Secretary of State, if applicable.
    3. A Certificate of Good Standing issued by the Oklahoma Secretary of State.

4. 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.

**D. Oklahoma Corporation:**

1. A certified copy of the Certificate of Incorporation filed with the Oklahoma Secretary of State.
2. A certified copy of the Trade Name Report filed with the Oklahoma Secretary of State, if applicable.
3. A Certificate of Good standing issued by the Oklahoma Secretary of State.
4. 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.

**E. Foreign-Business Entities:**

1. A certified copy of the Certificate of Qualification (foreign corporation), Certificate of Authority (foreign limited partnership) or Application for Registration (foreign limited liability company), filed with the Oklahoma Secretary of State, as applicable.
2. A Certificate of Good Standing issued by the Oklahoma Secretary of State.
3. If the foreign business entity is exempt from obtaining a Certificate of Authority, Registration or Qualification from the Oklahoma Secretary of State, as applicable, please provide the exemptions that are applicable and a copy of a certificate issued by an authorized officer of the jurisdiction in which the foreign business entity was formed or incorporated evidencing the existence and good standing of the foreign business entity.
4. A certified copy of the Trade Name Report or Fictitious Name Report filed with the Oklahoma Secretary of State, if applicable.
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 business entity.

For information concerning above items, contact:

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

**VII. FEES FOR INVESTIGATION, LICENSE AND EXAMINATION:** When making an application for a license, the applicant shall pay a total of \$1,215.00 (TWELVE HUNDRED AND FIFTEEN DOLLARS), which consists of a \$425.00 (FOUR HUNDRED TWENTY-FIVE DOLLARS) non-refundable investigation fee for the first location, an annual fee of \$290.00 (TWO HUNDRED NINETY DOLLARS) provided in the Oklahoma Uniform Consumer Credit Code and \$500.00 (FIVE HUNDRED DOLLARS) for the annual examination fee for each license.

**VIII. ADDITIONAL LOCATION LICENSE REQUIREMENTS:** If you are applying for an additional location, you must complete:

- a) The main Application;
- b) A Bond Form for \$1,000.00 (ONE THOUSAND DOLLARS) for each additional location;
- c) Record Keeping and Location of Examination forms;
- d) A check or money order for \$790.00 (SEVEN HUNDRED NINETY DOLLARS), which consists of an annual fee of \$290.00 (TWO HUNDRED NINETY DOLLARS) and \$500.00 (FIVE HUNDRED DOLLARS) for the annual examination fee, made payable to the Oklahoma Department of Consumer Credit.
- e) A recent financial statement or balance sheet signed by the owner, officer, member or partner of the company or corporation, dated and notarized.

***PLEASE RETAIN INSTRUCTIONS FOR FUTURE REFERENCE***

## **LICENSE CHANGES**

Licenses issued for Supervised Lenders 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 \$790.00 (SEVEN HUNDRED NINETY DOLLARS), which includes \$290.00 (TWO HUNDRED NINTEY DOLLARS) annual license fee and examination fee of \$500.00 (FIVE HUNDRED DOLLARS) to be postmarked on or before the first day of December of each year. **(All renewals that are not postmarked by December 1<sup>st</sup> will be subject to a \$10 per day late fee, up to 30 days.)**

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. **APPOINTMENT OF DESIGNATED AGENT**
- III. **SURETY BOND – BE SURE ALL SIGNATURES ARE PRESENT**
- IV. **FINANCIAL STATEMENT – MOST RECENT – SIGNED AND NOTARIZED**
- V. **BUSINESS DOCUMENTS:**
  - a. **SOLE PROPRIETORSHIP INFORMATION – IF APPLICABLE**
  - b. **PARTNERSHIP INFORMATION – IF APPLICABLE**
  - c. **OKLAHOMA LIMITED PARTNERSHIP INFORMATION- IF APPLICABLE**
  - d. **OKLAHOMA CORPORATION INFORMATION – IF APPLICABLE**
  - e. **OKLAHOMA LIMITED LIABILITY COMPANY INFORMATION – IF APPLICABLE**
  - f. **FOREIGN BUSINESS ENTITY INFORMATION– IF APPLICABLE**
- VI. **RECORD KEEPING AND LOCATION OF EXAMINATION FORMS**



**DESIGNATED AGENT Please indicate the designated registered agent for receipt of service of process within the State of Oklahoma:**

|           |                     |
|-----------|---------------------|
| 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.

**INDIVIDUALS AND SOLE PROPRIETORSHIPS: Please complete if the applicant is an individual or sole proprietorship.**

|  |                         |               |
|--|-------------------------|---------------|
| Full Name  | Social Security Number  | Date of Birth |
| Street Address                                     | Telephone Number        |               |
| Mailing Address (if different from street address) | Electronic mail address |               |

**CORPORATION, LIMITED LIABILITY COMPANY OR PARTNERSHIP: Please complete if the applicant is a corporation, limited liability company or partnership, as applicable. Please list all members, partners, general partners and/or limited partners, as applicable, and attach a separate document if necessary. A limited partnership shall specify which partners are general partners and which partners are limited partners. Please attach a separate document if necessary to include the requested information:**

|  |  |
|--|--|
| Full Name and Title                                | Full Name and Title                                |
| Social Security Number                             | Date of Birth                                      |
| Social Security Number                             | Date of Birth                                      |
| Street Address                                     | Street Address                                     |
| Mailing Address (if different from street address) | Mailing Address (if different from street address) |
| Telephone Number                                   | Telephone Number                                   |
| Electronic Mail Address                            | Electronic Mail Address                            |

|  |  |
|--|--|
| Full Name and Title                                | Full Name and Title                                |
| Social Security Number                             | Date of Birth                                      |
| Social Security Number                             | Date of Birth                                      |
| Street Address                                     | Street Address                                     |
| Mailing Address (if different from street address) | Mailing Address (if different from street address) |
| Telephone Number                                   | Telephone Number                                   |
| Electronic Mail Address                            | Electronic Mail Address                            |

**QUESTIONS TO BE ANSWERED BY APPLICANT:**

1. **Does the manager for this office manage any other supervised lender offices?**  
Yes \_\_\_\_\_ No \_\_\_\_\_ *(If yes, please provide the name and address of the office location.)*  
  
Name: \_\_\_\_\_  
  
Address: \_\_\_\_\_
2. **Is the street and mailing address separate from other supervised lender offices?**  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. **Is public access restricted to the office of the applicant?**  
Yes \_\_\_\_\_ No \_\_\_\_\_ *(If no, furnish details. Attach extra sheets if necessary.)*
4. **Is the office of the applicant separated from any other supervised lender office by a wall or otherwise and through which neither employees nor the public may pass?**  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. **Do you have available for the operation of the business net or free assets of at least \$25,000.00 (TWENTY-FIVE THOUSAND DOLLARS)?**  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. **Have you ever been convicted of a felony?      Yes \_\_\_\_\_ No \_\_\_\_\_** *(If yes, please furnish details. (Attach extra sheets, if necessary) You must also submit a certified copy of the Judgement and Sentence of the Court with this application.)*
7. **Brief description of the proposed operations (Examples: Online only store front, or traditional brick and mortar.)**  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

**MILITARY SERVICE VERIFICATION**

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**

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Fill out the form below to designate where and how records will be kept. Remember to sign the certification on the next page. If the applicant/licensee requests approval to keep records outside Oklahoma and/or keep such records in electronic or other forms of reproduction as authorized under the Uniform Consumer Credit Code O.S. 14A § 3-506 (3), please fill out the form on the next page as well. **It is understood that, without the prior written approval of the request by the Administrator of the Department of Consumer Credit, hardcopies of records must be maintained within Oklahoma and made available for examination at an office in Oklahoma.**

Name of Applicant/Licensee: \_\_\_\_\_ License No.: \_\_\_\_\_

Main office address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Contact person for questions on this request: \_\_\_\_\_

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.

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

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**LOCATION OF EXAMINATION**

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The applicant/licensee requests approval to maintain books, accounts and records outside Oklahoma. In order to facilitate a full examination of this license \_\_\_\_\_ hereby agrees to pay the expenses of the Administrator's representative(s) in conducting an examination of your books and records pertaining to loans made in Oklahoma.

The Department expects the applicant/licensee to pay the reasonable and necessary expenses for the Administrator or representative(s) to examine the books, accounts and records at the place where they are maintained.

The above expenses are understood to be in addition to the \$500.00 (FIVE HUNDRED DOLLARS) minimum examination fee.

It is further understood that this agreement is being made so that \_\_\_\_\_ may keep records at a location outside the State of Oklahoma.

Contact person at location: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Office hours: \_\_\_\_\_

Describe space available for examination: \_\_\_\_\_

---

**CERTIFICATION**

I, \_\_\_\_\_ (Name and Title), a duly authorized officer of

\_\_\_\_\_  
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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Scott Leshner**  
Administrator

**Ruben Tornini**  
Deputy Administrator



**J. Kevin Stitt**  
Governor

**Matt Pinnell**  
Lt. Governor

**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)

## 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

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