

**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)

**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\_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Number

\_\_\_\_\_  
My Commission Expires

## **PRECIOUS METAL & GEM DEALER LICENSE APPLICATION**

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## **LICENSE APPLICATION INSTRUCTIONS**

To make application for an Oklahoma Precious Metal and Gem Dealer 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 Precious Metal & Gem Dealer 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. **PRECIOUS METAL & GEM DEALER BOND:** This is for your required bond of \$10,000.00 (Ten Thousand Dollars) for each license. Be sure to include a copy of the bond with your application.
- IV. **PRECIOUS METAL EMPLOYEE APPLICATION FORM:** An employee is any person working for a dealer (whether or not the person is in the direct employment of the dealer or works full time or part time) who handles used precious metals and gems for a dealer. This page is for information on the employee to be licensed, including mailing address. Complete all sections that apply. Be sure to sign and notarize. Include an affidavit of lawful presence with each employee application, signed and notarized.
- V. **A COPY OF ALL BASIC DOCUMENTS ESTABLISHING AN ENTITY OR SOLE PROPRIETORSHIP:**
  - A. **Sole Proprietorship:**
    1. A copy of the Certificate of Fictitious Name or Trade Name Report filed with the Oklahoma Secretary of State, if applicable.
    2. A Form 1 or Form 2 Affidavit showing lawful presence in the United States (See attached forms)
  - B. **Limited Liability Partnerships:**
    1. A copy of the certificate of partnership and partnership agreement.
    2. If doing business under a name or names other than the legal name of the entity, supply a copy of the Trade Name Report or Certificate of Fictitious Name filed with the Oklahoma Secretary of State.
    3. A list of the names, addresses and telephone numbers of the partners.
    4. If the applicant is a foreign limited liability partnership, provide a copy of the Certificate of Registration from the Oklahoma Secretary of State.
    5. If the applicant is a foreign limited liability partnership, specify the designated service agent in Oklahoma, including name and mailing address.

**C. Limited Partnerships:**

1. A copy of the certificate of partnership and partnership agreement.
2. If doing business under a name or names other than the legal name of the entity, supply a copy of the Trade Name Report or Certificate of Fictitious Name filed with the Oklahoma Secretary of State. A list of the names, addresses and telephone numbers of the partners.
3. If the applicant is a foreign limited partnership, provide a copy of the Certificate of Registration from the Oklahoma Secretary of State.
4. If the applicant is a foreign limited partnership, specify the designated service agent in Oklahoma, including name and mailing address.

**D. Limited Liability Companies:**

1. A copy of the Articles of Organization and Certificate of Organization filed with the Secretary of State.
2. If doing business under a name or names other than the entity's legal name, supply a copy of the Trade Name Report or Certificate of Fictitious Name filed with the Oklahoma Secretary of State.
3. A list of the names, addresses and telephone numbers of each major stockholder, officers and directors of the LLC.
4. If the applicant is a foreign limited liability company, provide a copy of the Certificate of Registration from the Oklahoma Secretary of State.
5. If the applicant is a foreign limited liability company, specify the designated service agent in Oklahoma, including name and mailing address.

**E. Corporations:**

1. A copy of the Articles of Incorporation and Certificate of Incorporation filed with the Oklahoma Secretary of State.
2. If doing business under a name or names other than the entity's legal name, supply a copy of the Trade Name Report filed with the Secretary of State.
3. A list of the names, addresses and telephone numbers of each major stockholder, officer and director of the corporation.
4. If the applicant is a foreign corporation, provide a copy of the Certificate of Qualification from the Oklahoma Secretary of State.
5. If the applicant is a foreign corporation, specify the designated service agent in Oklahoma, including name and mailing address.
6. If the applicant is a foreign corporation that is exempt from obtaining a Certificate of Qualification from the Oklahoma Secretary of State, provide documentation supporting the exemption.

**F. Other entity:**

1. If the applicant is an entity other than the entities listed above, please provide a copy of any applicable certificate from the Oklahoma Secretary of State or other appropriate Oklahoma official indicating the entity's authority to operate in the State of Oklahoma and documents establishing and describing the entity.

For information concerning entity filing documents contact:

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

- VI. **DESIGNATION OF BUSINESS LOCATION.** The application is required to state the location where the business is to be conducted. An investigation is required to be conducted to include the verification of the location or locations proposed for the transaction of goods within Oklahoma. The following documents are required to verify the location of business:

If the applicant is leasing or renting the proposed location at which business will be conducted, the applicant shall provide a copy of the lease or rental agreement between the applicant and the owner of the proposed business location. The applicant shall also provide the name, contact person, telephone number and address of the owner and management company of the proposed business location in which the applicant is leasing or renting space.

If the applicant is the owner or an owner of the proposed location at which business will be conducted, the applicant shall provide a copy of a deed or bill of sale establishing that the applicant is the owner or an owner of the proposed business location.

- VII. **DESIGNATION OF STORAGE LOCATION:** Every dealer must keep at the business location designated in the license application, all used articles made, in whole or in part, of precious metals or gems for inspection by any law enforcement officer at reasonable times for a period of ten (10) days. A dealer may also designate an additional storage location. The additional storage location shall be filed with the Administrator of Consumer Credit. A dealer wishing to designate an additional storage location shall provide the following documentation to verify the existence of the additional storage location:

If the applicant is leasing or renting the additional storage location, the applicant shall provide a copy of the lease or rental agreement between the applicant and the owner of the designated, additional storage location. The applicant shall also provide the name, contact person, telephone number and address of the owner and/or Management Company of the additional storage location facility.

If the applicant is the owner or an owner of the additional storage location, the applicant shall provide a copy of the deed or bill of sale establishing that the applicant is the owner or an owner of the additional storage location.

- VIII. **FINGERPRINTS AND PHOTO ID:** A full set of fingerprints and one photo are required on the owner, if a sole proprietorship; on each partner, if a partnership; on each officer and director, if a corporation; and on each member, if a limited liability company.

- IX. **FEE FOR INVESTIGATION, LICENSE AND INSPECTION FEE:** When making an application for a Precious Metal and Gem Dealer license, the applicant shall pay a \$425.00 (FOUR HUNDRED TWENTY-FIVE DOLLARS) non-refundable investigation fee plus a \$300.00 (THREE HUNDRED DOLLARS) annual license fee and a \$400.00 (FOUR HUNDRED DOLLARS) annual inspection fee for each license. The annual fee for each employee authorized to handle used precious metals or gems for the dealer will be \$200.00 (TWO HUNDRED DOLLARS).

- X. **LOCATION OF RECORDS:** The applicant is required to designate a location or locations in Oklahoma where records of transactions are maintained. If the location or locations where records are maintained is different from the business location or additional storage location, the applicant shall provide the following documentation to verify the existence of the record keeping facility:

If the applicant is leasing or renting the record keeping facility, the applicant shall provide a copy of the lease or rental agreement between the applicant and the owner of the record keeping facility. The applicant shall also provide the name, contact person, telephone number and address of the owner and/or Management Company of the record keeping facility.

If the applicant is the owner or an owner of the record keeping facility, the applicant shall provide a copy of the deed or bill of sale establishing that the applicant is the owner or an owner of the record keeping facility.

- XI. **AFFIDAVIT OF LAWFUL PRESENCE IN THE UNITED STATES OF AMERICA:** Attached to the application are two affidavits required by Oklahoma law. The applicable affidavit must be signed by natural persons, including sole proprietorships, applying for a license issued by the State of Oklahoma. If a person is a United States citizen, please sign and notarize Form 1. If a person is an alien lawfully residing in the United States of America, please sign and notarize Form 2.

The affidavit must be submitted to the Department by mail or courier service or delivered in person. United States citizens are not required to submit a new affidavit for license renewals. Aliens lawfully residing in the United States of America are required to submit an affidavit for each license renewal.

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



## **LICENSE INFORMATION**

When investigation, analysis, and approval of the application are complete, your license will be mailed to the designated address on the application.

This license is to be prominently displayed in the licensed office so long as the licensee operates under the Precious Metal and Gem Dealers Act.

## **LICENSEE CHANGES**

Licenses issued under the Oklahoma Precious Metal and Gem Dealers 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.

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 an entity must be submitted in writing for approval Thirty (30) Days prior to the effective date of the change. There is a \$25 per license amendment fee.

## **RENEWAL REQUIREMENTS**

Annual renewal of the license is the responsibility of each licensee. The licensee is to submit a renewal application, renewal fee of \$300 (THREE HUNDRED DOLLARS) and an inspection fee of \$400.00 (FOUR 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.

- I. **APPLICATION - SIGNED AND NOTARIZED**
- II. **APPOINTMENT OF DESIGNATED SERVICE AGENT**
- III. **DOCUMENTS ESTABLISHING ENTITY OR SOLE PROPRIETORSHIP:**
  - 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)**
- IV. **A FULL SET OF FINGERPRINTS AND PHOTO ID**
- V. **STATUTORY FEES FOR INVESTIGATION AND FOR LICENSE**
- VI. **SURETY BOND - BE SURE ALL SIGNATURES ARE PRESENT**
- VII. **VERIFICATION OF BUSINESS LOCATION**
- VIII. **DESIGNATION AND VERIFICATION OF ADDITIONAL STORAGE LOCATION**
- IX. **LOCATION AND VERIFICATION OF RECORD KEEPING FACILITY**
- X. **AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES (IF APPLICABLE)**

**APPLICATION FOR PRECIOUS METAL AND GEM DEALER 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 and the statutory fees as follows:

- A. \$425.00 (FOUR HUNDRED TWENTY FIVE DOLLARS) non-refundable investigation fee and \$300.00 (THREE HUNDREDDOLLARS) for each license annually provided and a \$400.00 (FOUR HUNDRED DOLLARS) annual inspection fee for each license.
- B. Every Applicant shall file herewith a bond in the amount \$10,000.00 (TEN THOUSAND DOLLARS) for each license sought.

\_\_\_\_\_  
Legal Name of Applicant

**Trade Names or Fictitious Names to be utilized at the business location.** The applicant shall provide a list of names that will be utilized by the applicant at the business location in addition to or in lieu of the applicant's legal name. A trade name report or certificate of fictitious name must be provided from the Oklahoma Secretary of State's Office prior to a trade name or fictitious name, as applicable, being used at the business location. If a trade name or fictitious name will not be utilized, please indicate in the space above. *(Please attach an additional sheet if necessary for purposes of providing a list of all names utilized by the applicant at the business location that are different from the applicant's legal name.)*

**Trade Names or Fictitious Names utilized at other business locations in the State of Oklahoma.** The applicant shall provide a list of names that will be utilized by the applicant at other business locations in addition to or in lieu of the applicant's legal name. If a trade name or fictitious name will not be utilized, please indicate in the space above. *(Please attach an additional sheet if necessary for purposes of providing a list of all names utilized by the applicant at the business location that are different from the applicant's legal name.)*

HTTP:// \_\_\_\_\_  
Website

\_\_\_\_\_  
E-Mail

**I am** *(please check your applicable category)*

\_\_\_\_A Person/sole proprietorship, \_\_\_\_Partnership, \_\_\_\_Corporation, \_\_\_\_Limited Liability Company

\_\_\_\_Other (Please specify the type of entity) \_\_\_\_\_

**With the principal office and/or mailing address located:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone Number

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

\_\_\_\_\_  
Facsimile

**Verification of business location**

Street Address of Business Location

Telephone Number

City, State and Zip

Facsimile

Owner and/or managing entity of business location

Address of the entity that owns and/or manages the business location

Telephone Number of the entity that owns/and or manages the business location

Contact person and title for entity that owns and/or manages the business location

Telephone number of contact person for owner and/or managing entity of business location

Lease or Rental Agreement for business location included? \_\_\_\_\_ Yes \_\_\_\_\_ No or

Deed or bill of sale establishing ownership of business location included? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Designation and verification of additional storage location:**

Street Address

City, State and Zip

Owner and/or managing entity of additional storage location

Address of the entity that owns and/or operates the additional storage location

Telephone Number of the entity that owns/and or operates the additional storage location

Contact person for entity that owns and/or operates the additional storage location

Telephone number of contact person for owner and/or managing entity of additional storage location

Lease or Rental Agreement for designated, additional storage location included? \_\_\_\_\_ Yes \_\_\_\_\_ No or

Deed or bill of sale establishing ownership of designated, additional storage location included? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Location and verification of record keeping facility, if location is different than designated business location:**

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
Owner and/or managing entity of record keeping facility

\_\_\_\_\_  
Address of the entity that owns and/or manages the record keeping facility

\_\_\_\_\_  
Telephone Number of the entity that owns/and or manages the record keeping facility

\_\_\_\_\_  
Contact person for entity that owns and/or manages the record keeping facility

\_\_\_\_\_  
Telephone number of contact person for owner and/or managing entity of record keeping facility

Lease or Rental Agreement for designated, additional storage location included? \_\_\_\_\_ Yes \_\_\_\_\_ No or

Deed or bill of sale establishing ownership of designated, additional storage location included? \_\_\_\_\_ Yes \_\_\_\_\_ No

**DESIGNATED SERVICE AGENT IN THE STATE OF OKLAHOMA:**

Full Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_ City, State and Zip \_\_\_\_\_

**A. To be completed only if the applicant is an individual/sole proprietorship:**

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**B. To be completed only if the applicant is a partnership:**

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 \_\_\_\_\_

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

**D. To be completed only if applicant is a corporation:**

**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 \_\_\_\_\_  
*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 \_\_\_\_\_

1. Have you ever entered a plea of guilty or nolo contendere to, or been convicted of a felony or a misdemeanor other than a traffic violation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, furnish details. Attach extra sheets if necessary)
- 
- 

2. Are there any legal or administrative actions or proceedings pending against you? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, furnish details. Attach extra sheets if necessary)
- 
- 

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

In the event of the issuance of this license, applicant will abide by all rules and regulations issued by the Administrator and applicant hereby agrees that in the event of any significant change in the facts stated in the application, a statement or memorandum of said change will, within THIRTY (30) DAYS thereafter, be forwarded to the Administrator, setting forth the change made and the names of the persons involved therein.

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



## 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