



**STATE OF OKLAHOMA  
DEPARTMENT OF CONSUMER CREDIT**

**VERIFICATION OF LAWFUL PRESENCE**

All natural persons, including sole proprietorships, applying for a license from the Department of Consumer Credit must verify their lawful presence in the United States in accordance with 59 O.S. § 71, before a license may be issued.

Attached are two affidavits, labeled as Forms 1 and 2 (each person will choose one affidavit to sign):

- If you are a United States citizen, you will sign Form 1
- If you are a qualified alien and you are in the United States lawfully under the Federal Immigration and Naturalization Act, you will sign Form 2 and attach documentation such as a permanent resident card.

You are either a United States citizen or a qualified alien -- please do not submit both forms. The affidavit must be fully notarized, including the notary public's commission number or, for States where numbers are not issued, an n/a must be placed in the space. The appropriate form must be submitted to the Department of Consumer Credit before licensure can be completed. The form may be submitted by any of the following means:

- United States mail
- Courier service
- E-mailed to [okstate@okdocc.ok.gov](mailto:okstate@okdocc.ok.gov)
- Fax to 405-521-6740.

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.

**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

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## **LICENSE APPLICATION INSTRUCTIONS**

To make application for an Oklahoma Credit Services Organization 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 Credit Services Organization 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), partners, or officers and major stockholders) per Oklahoma Statute §56-240.21A for background investigation.
- II. BOND:** A bond in the amount of \$10,000.00 (TEN THOUSAND DOLLARS) for each location. Be sure all signatures are affixed and include a copy of the bond and all attachments along with your application.
- III. FINANCIAL STATEMENT:** If filing as a partnership, each partner must file a financial statement. Corporate applicants must file the most recent balance sheet. The *statement must be recent, signed and dated by the owner, member or an officer of the company and notarized.*
- IV. TRUST ACCOUNT:** Satisfactory evidence from a federally insured financial institution in Oklahoma of the existence of a trust account in this state. If no funds are collected from the consumer up front, then you **MUST** include a letter with this application stating such.

### **BRANCH LICENSE REQUIREMENTS**

- V. BRANCH LICENSES:** If you are applying for a branch location, you must complete or provide:
  - a) The main Application;
  - b) A Bond in the amount of \$10,000 (TEN THOUSAND DOLLARS) for each additional location;
  - c) A check or money order in the amount of \$600.00 (SIX HUNDRED DOLLARS), which includes \$200.00 (TWO HUNDRED DOLLARS) for each license annually provided and \$400.00 (FOUR HUNDRED DOLLARS) examination fee per the Credit Services Organization Act for the current calendar year, made payable to the Oklahoma Department of Consumer Credit.
  - d) A recent financial statement or balance sheet – signed by the owner of the business or an officer, member or partner of the company or corporation, dated and notarized in order to complete your application.
- VI. 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 birth 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 birth, 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 birth, 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 birth, 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**

- VII. STATUTORY FEE FOR INVESTIGATION, LICENSE AND EXAMINATION:** When making an application for a license, the applicant shall pay \$300.00 (THREE HUNDRED DOLLARS) non-refundable investigation fee, \$200.00 (TWO HUNDRED DOLLARS) for each license annually provided and \$400.00 (FOUR HUNDRED DOLLARS) examination fee per the Credit Services Organization Act for the current calendar year, for a total of \$900.00 (NINE HUNDRED DOLLARS).

**PLEASE RETAIN INSTRUCTIONS FOR FUTURE REFERENCE**

## **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. **(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.)**

## **LICENSE CHANGES**

Licenses issued under the Oklahoma Credit Service Organization 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 a corporation must be submitted in writing for approval Thirty (30) Days prior to the effective date of the change.

There will be a \$25.00 (TWENTY-FIVE DOLLAR) fee associated with changes requiring a new license to be issued.

## **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. **FINANCIAL STATEMENT – MOST RECENT – SIGNED AND NOTARIZED**
- IV. **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**

## APPLICATION FOR CREDIT SERVICES ORGANIZATION 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. \$300.00 (THREE HUNDRED DOLLARS) non-refundable Investigation fee; \$200.00 (TWO HUNDRED DOLLARS) Application fee; \$400.00 (FOUR HUNDRED DOLLARS) Examination fee.
- B. Financial Statement.

**Pursuant to, and in accordance with the provisions of the Oklahoma Credit Services Organization 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 Credit Services Organization License for the calendar year ending December 31, \_\_\_\_\_, at the following location;

\_\_\_\_\_  
 Street Address of Business Location

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

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

\_\_\_\_\_  
 Facsimile

**The applicant has a trust account at the following federally insured financial institution, which is separate from the applicant's operating or personal account:**

\_\_\_\_\_  
 Institutional Name and Address  
 (Attach evidence, such as a recent bank statement or letter from bank officer)

\_\_\_\_\_  
 Account Number



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

Full Name of Partner	Full Name of Partner
Social Security Number	Date of Birth
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	Full Name of Member
Social Security Number	Date of Birth
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, association, joint stock company or trust:

**OFFICERS:**

Full Name of President	Full Name of Vice President
Social Security Number	Date of Birth
Social Security Number	Date of Birth
Full Name of Treasurer	Full Name of Secretary
Social Security Number	Date of Birth
Social Security Number	Date of Birth

**DIRECTORS AND TRUSTEES:**

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

Fill out the section below to designate where and how records will be kept in Oklahoma.

Name of Applicant/Licensee: \_\_\_\_\_

Address where records will be kept: \_\_\_\_\_

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

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

Telephone: (\_\_\_\_) \_\_\_\_\_

1. Have you ever been convicted of a felony? Yes\_\_\_\_ No\_\_\_\_ (If yes, please furnish details on a extra sheet. (Attach extra sheets, if necessary) You must also submit a certified copy of the Judgement and Sentence of the Court with this application.)

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