Submit by Email

CHANGE IN FEES FOR THE PRECIOUS METAL APPLICATION &
EMPLOYEE APPLICATION
EFFECTIVE JULY 1, 2009

1st License	(Application/Investigation Fee)	$ 225.00
L	icense Fee	200.00
	Total	$ 425.00

Additional Location License	$ 200.00

Precious Metal Employee License	$ 100.00

PLEASE SUBMIT ALL FEES IN ONE CHECK OR MONEY ORDER
Make payable to Dept. of Consumer Credit

Scott Lesher
Administrator

Brad Henry
Governor

STATE OF OKLAHOMA
DEPARTMENT OF CONSUMER CREDIT

NOTICE

The State of Oklahoma recently 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 obtaining a license from the Department of Consumer Credit must show lawful presence in the United States.

You must submit an affidavit if:

- You are licensed individually as a Mortgage Loan Originator (MLO) or a Precious Metals Employee (PME)
- Your company is licensed, but the business is *not* Incorporated or a Limited Liability Company

You do not need to submit an affidavit if your business is registered as a corporation or an LLC. Please note that only those businesses that are legally incorporated or registered as LLCs are exempt from this requirement.

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

All partners and owners of the companymust complete and submit *one* of the appropriate affidavits. **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. We cannot accept faxed or emailed copies of these forms. You will need to mail them to us. **Under Oklahoma law, we cannot issue or renew your license without the proper affidavit(s).**

Please do not call the Department with questions about the bill. (You are welcome to call us with questions about your application.) This is a requirement of the State of Oklahoma; our Department has no authority to address it. If you need further information, you may call the Oklahoma House of Representatives at 1-800-522-8502, or 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.

4545 N Lincoln Blvd, Suite 164 - Oklahoma City, OK 73105 - Phone: (405) 521-3653 - Fax: (405) 521-6740
www.okdocc.ok.gov

Oklahoma Department of Consumer Credit

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

P M

Form 1 - For U. S. Citizens

Affidavit of

_____

[Name of Individual Applicant]

_____

[Company Name]

STATE OF _____)
)
COUNTY OF _____)

_____, of lawful age, being first duly sworn,

[Printed Name of Individual Applicant]

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

PM

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,**

[Printed Name of Individual Applicant]

upon oath 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: _____

Commission Number: _____

My Commission Expires: _____ (Seal)

4545 N Lincoln Blvd, Suite 164 - Oklahoma City, OK 73105 - Phone: (405) 521-3653 - Fax: (405) 521-6740
http://www.okdocc.state.ok.us

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:

Office of the Administrator
Oklahoma Department of Consumer Credit
4545 N. Lincoln Blvd., Suite 104
Oklahoma City, OK 73105-3408

All fees required must be submitted with the application. If incomplete, the application and fees will be returned, outlining missing requirements. **DO NOT RESUBMIT UNTIL COMPLETE.** 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. Any application received without all required information, notaries and signatures will be returned for completion. *The reviewing process **may take up to Sixty (60) Days** from the receipt date of a complete application package.*

LICENSE REQUIREMENTS

(The forms listed below are included in this packet)

A COMPLETE APPLICATION PACKAGE FOR A PRECIOUS METAL & GEM DEALER LICENSE IS COMPOSED OF:

I. APPLICATION: (pages 6-8) 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. **PERSONAL AFFIDAVIT FORM:** (pages 9-10) These pages are personal information sheets on all officers and directors of a corporate Applicant; by all members of a limited liability Applicant; by every partner of a partnership Applicant; and by the owner when Applicant is a sole proprietorship. Be sure all forms are signed and notarized. Make additional copies if needed.

III. **PRECIOUS METAL & GEM DEALER BOND FORM:** (page 11) This page is for your required bond of $10,000.00 (Ten Thousand Dollars) for each license. Take this form to the agent you are purchasing your bond from. Be sure all signatures are affixed and include the original bond with all attachments within your application.

IV. **DESIGNATED AGENT FORM:** (page 12) This page is for appointing a resident or corporation of Oklahoma to accept service of process for your business. Be sure form is signed by the Applicant.

V. PRECIOUS METAL EMPLOYEE APPLICATION FORM: (page 13)

VI. CERTIFICATE OF FICTITIOUS NAME: (pages 14-16) **For Sole Proprietorships and General Partnerships:** If doing business using a fictitious name, a filed copy of the **Certificate of Fictitious Name** must be submitted for sole proprietorships and general partnerships. Contact the county clerk's office in which the business is to be located. Instructions on how to file enclosed.

VII. **A COPY OF ALL BASIC DOCUMENTS ESTABLISHING THE ENTITY;**

A. FOR 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 and telephone numbers of the partners and their degree of ownership.

B. FOR LIMITED PARTNERSHIPS:

1. A copy of all documents submitted to the Office of the Oklahoma Secretary of State. Such copies must show the date the documents were 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 and telephone numbers of the partners and their degree of ownership.

C. FOR 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 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 and telephone numbers of the three largest shareholders, officers and directors of the LLC.

D. FOR DOMESTIC CORPORATIONS:

1. A copy of the Articles of Incorporation and Certificate 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 and telephone numbers of the three largest shareholders, officers and directors of the corporation.

E. FOR FOREIGN CORPORATIONS:

1. A certificate duly executed not more than THIRTY (30) DAYS prior to the filing of the application by the proper officer showing that the Applicant is authorized to transact business in the state of incorporation.
2. A designation of the corporation's principal agent in Oklahoma, giving both name and address.
3. A copy of the Articles of Incorporation.
4. A Certificate of Authority issued by the Oklahoma Secretary of State.
5. If your business falls under one of the exemptions on the Secretary of State instructions sheet, highlight the exemptions that apply and submit a copy with your application.
6. If doing business using a fictitious name, supply a copy of the Trade Name Report filed with the Secretary of State.
7. A list of the names, addresses and telephone numbers of the three largest shareholders, officers and directors of the Foreign Corporation.

For information concerning above items, contact: **Oklahoma Secretary of State**
101 State Capitol Building
Oklahoma City, OK 73105 (405) 521-3911

VIII. FINGERPRINTS AND PHOTO ID: Two (2) sets of fingerprints and one (1) 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. STATUTORY FEE for INVESTIGATION and LICENSE: When making an application for one or more licenses, the Applicant shall pay **$50.00 (FIFTY Dollars)** non-refundable investigation fee **plus $50 (FIFTY DOLLARS) for each license** as the **annual fee** provided in the Oklahoma Precious Metal and Gem Dealers Act for the current calendar year. The annual fee for each employee authorized to handle used precious metals or gems for the dealer will be **$25.00 (TWENTY-FIVE DOLLARS)**.

LICENSE FEES **AND RENEWAL** REQUIREMENTS

When investigation, analysis, and approval of the application is complete, your license will be mailed to the designated address on the application for branch locations. In the case of a new license you will be contacted by a Department representative to schedule an appointment to pick up your license.

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. In all correspondence or communication with this office subsequent to licensing, the licensee shall show the assigned number.

Annual renewal of the license is the responsibility of each licensee. The Department mails notice of this renewal to the Licensee. Records of delinquent filings become a permanent part of the license file.

The licensee is to submit annually a renewal fee of $**50.00 (FIFTY DOLLARS**). An annual renewal fee of **$25.00 (TWENTY-FIVE DOLLARS)** must be submitted for each employee. This renewal fee is to be submitted **prior to December 1st of each year** and in no instance later than FIFTEEN (15) DAYS after which written notification from the Administrator that the renewal fee has not been received.

RULES OF THE ADMINISTRATOR

Official copies of the Rules of the Administrator may be obtained by contacting the **Office of Administrative Rules** located at **220 Will Rogers Building** in **Oklahoma City**. Telephone number is **(405) 521-4911** and mailing address:

OFFICE OF ADMINISTRATIVE RULES
PO Box 53390
Oklahoma City, Oklahoma 73152

Copies are available at a cost **of 25 cents per page**. When you request to purchase these Rules from the **Office of Administrative Rules**, the person will need to know that you need to purchase **Title 160, chapter (s)** -

Chapter	Section
1. Organization	160:1
3. Procedure	160:3
5. Fees (general information)	160:5
10. Consumer Leasing	160:10
15. Pawn Transactions	160:15
20. Changes in Dollar Amounts	160:20
25. Credit Features Exempted from Advance Notice of Changes in Terms	160:25
30. Credit Services Organizations	160:30
35. Oklahoma Rental Purchase Act	160:35
40. Garnishment Limitations	160:40
45. Truth in Lending	160:45
50. Health Spas	160:50
55. Mortgage Brokers	160:55
65. Supervised Lenders	160:65
70. Deferred Deposit Lenders	160:70

Unofficial rules may be downloaded at the Commission on Consumer Credit web address: http://www.okdocc.state.ok.us.

LICENSEE CHANGES (ADDRESS, ETC.)

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 a corporation must be submitted in writing for approval Thirty (30) Days prior to the effective date of the change.

LICENSE APPLICATION CHECKLIST

The checklist below is provided to help ensure that you submit a complete application. Any application received that is not complete will be returned.

TASKS TO BE COMPLETED :	X
1. APPLICATION - *SIGNED AND NOTARIZED*	
2. PERSONAL AFFIDAVIT(S) - *BE SURE TO SIGN AND NOTARIZE*	
3. SURETY BOND - *BE SURE ALL SIGNATURES ARE PRESENT*	
4. APPOINTMENT OF DESIGNATED AGENT - *BE SURE TO SIGN*	
5. CERTIFICATE OF FICTITIOUS NAME *(IF APPLICABLE) (COUNTY CLERK)*	
TRADE NAME REPORT *(IF APPLICABLE) (SECRETARY OF STATE)*	
6. DOCUMENTS ESTABLISHING ENTITY:	
PARTNERSHIP AGREEMENT *(IF APPLICABLE)*	
DOMESTIC CORPORATION INFORMATION *(IF APPLICABLE)*	
LIMITED LIABILITY INFORMATION *(IF APPLICABLE)*	
FOREIGN CORPORATION INFORMATION *(IF APPLICABLE)*	
7. TWO SETS OF FINGERPRINTS AND PHOTO ID	
8. STATUTORY FEES FOR INVESTIGATION AND FOR LICENSE	

PLEASE RETAIN INSTRUCTIONS FOR FUTURE REFERENCE

Please contact the Oklahoma Department of Commerce for information regarding additional licensing you may need at 1 (800) 879-6552

http://busdev3.odoc5.odoc.state.ok.us
(Click on "Developing Your Business", then on the next page, the "Business Licensing Program" link)

(PRECIOUS METAL & GEM DEALERS LICENSE APPLICATION BEGINS ON NEXT PAGE)

APPLICATION FOR PRECIOUS METAL AND GEM DEALERS LICENSE

BEFORE THE ADMINISTRATOR)
OF THE DEPARTMENT OF)
CONSUMER CREDIT OF T HE)
STATE OF OKLAHOMA IN T HE)
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. $50.00 (FIFTY DOLLARS) non-refundable investigation fee for one or more officers and $50.00 (FIFTY DOLLARS) for each license annually provided.

B. Every Applicant shall file herewith a bond on the form furnished by the Administrator in an amount not less than $10,000.00 (TEN THOUSAND DOLLARS) for each license.

THIS FORM MAY BE COMPLETED ONLINE AND PRINTED OUT, OR PRINTED THEN COMPLETED IN INK, OR USE TYPEWRITER.

ANSWER ALL QUESTIONS. STRIKE OUT ANY OPTIONAL WORDS WHICH DO NOT APPLY.

ATTACH ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER ALL QUESTIONS.

Pursuant to, and in accordance with the provisions of the OKLAHOMA PRECIOUS METAL AND GEM DEALERS ACT, and for the purposes in said law set forth,

_____
Name of Applicant

E-Mail _____ Website HTTP:// _____

~ I am *(please check your applicable category)*
____ A Person, ____ Association, ____ Joint Stock Company or Trust, ____ Co-Partnership, ____ Corporation, ____ or Limited Liability Company
(Attach evidence of sole proprietorship, corporate, partnership or L.L.C. status)

~ With his/her/its principal office and/or mailing address located at:

_____ _____
Number and Street of mailing address Telephone

_____ _____
City, State and Zip Fax

Hereby applies to the Administrator of the Department of Consumer Credit of the State of Oklahoma, for a Precious Metal and Gem Dealer License for the calendar year ending December 31, _____, at the following location;

_____ _____
Number and Street of business location Telephone

_____ _____
City, State and Zip Fax

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

~ The name and address of the manager for this location:

Name of Manager Residential Address

City, State, and Zip County

Telephone E-Mail

A. T o **BE COMPLETED ONLY IF THE APPLICANT IS AN INDIVIDUAL:**

Full Name

B. T o **BE COMPLETED ONLY IF THE APPLICANT IS A PARTNERSHIP:**

Full Name of Partner Full Name of Partner

Full Name of Partner Full Name of Partner

~ Have Articles of Limited Partnership been filed with the Secretary of State? Yes_____ No_____

C. T o **BE COMPLETED ONLY IF APPLICANT IS A LIMITED LIABILITY COMPANY:**

Full Name of Member Full Name of Member

Full Name of Member Full Name of Member

~ Have Articles of Limited Liability been filed with the Secretary of State? Yes_____ No_____

D. T o BE COMPLETED ONLY IF APPLICANT IS A CORPORATION, ASSOCIATION, JOINT STOCK COMPANY OR TRUST:

OFFICERS

Full Name of President Full Name of Vice President

Full Name of Treasurer Full Name of Secretary

DIRECTORS AND **TRUSTEES**

Full Name of Director/Trustee Full Name of Director/Trustee

Full Name of Director/Trustee Full Name of Director/Trustee

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

NAME AND RESIDENCE ADDRESS OF THE THREE (3) LARGEST STOCKHOLDERS OWNING TEN (10%) PERCENT OR MORE:

1. *Name* Address

City, State, Zip Percentage of Ownership

2. *Name* Address

City, State, Zip Percentage of Ownership

3. *Name* Address

City, State, Zip Percentage of Ownership

General Questions to be answered by all applicants:

A. Do you agree to maintain adequate books and records to insure compliance with all required regulations?
Yes _____ **No** _____

B. Is the business for which you are making application now in existence? Yes _____ No _____

C. In the event of approval, how long before operations will begin? _____

D. Will the applicant occupy and operate in this location on a year round basis? Yes _____ No_____
(If no, please explain)

E. Do you intend to sell and purchase items at that address? Yes _____ No_____

F. How many employees who handle used precious metals or gems do you intend to employ? _____

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.

IN WITNESS WHEREOF, the applicant has executed this application this _____day of _____, in the year_____, and acknowledges that applicant is duly authorized to execute the application, and that all statements and

representations made are true 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

_____

Signature of Applicant-if needed

_____

ATTEST: **Corporate** **Secretary**

State of: _____

County of: _____

The person or persons whose signatures appear above personally appeared before the undersigned, a NOTARY PUBLIC, in and for the above named county and state, on the

_____ day of _____, 20_____, and acknowledged the execution of the

foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purpose therein set forth, that they are duly authorized to execute the foregoing instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.

_____

Notary

_____

My Commission Expires

OFFICE OF THE ADMINISTRATOR
DEPARTMENT OF CONSUMER CREDIT

PERSONAL AFFIDAVIT OF ALL OFFICERS, DIRECTORS, TRUSTEES, OWNERS AND PARTNERS

Information as indicated herein is required to be filed by every officer and director of a corporate applicant, by every partner of a partnership applicant, by the owner when the applicant is a sole proprietorship, and by every member of a limited liability company. A separate form is to be filed by each person. (Make copies as necessary). The information indicated must be furnished fully and in detail.

Separate exhibits should be attached when space provided is not sufficient to set forth the information completely. Only one executed copy should be filed.

Omissions will be construed as intentional failure to disclose a material fact and will be sufficient grounds for rejection.

To the Administrator of the Department of Consumer Credit:

The following information is furnished by the undersigned in conjunction with and is made a part of the application for license of:

1._____
Name of Applicant and Business as it is to appear on the license

2._____ _____
Full Name of person submitting this form *Social Security Number of person submitting this application*

3._____
Title as corporate official, partner or individual owner submitting this application

4._____
Furnish date, city, state and county of birth (If foreign born, furnish date of place of naturalization)

5._____ HTTP://_____
E-Mail Website

6. Residence address(es) during the last TEN (10) YEARS: *(Provide dates, complete address and whether rented or owned. Attach extra sheets if necessary.)*

7. Occupational record during the last TEN (10) YEARS:

NOTE: *All periods of time must be accounted for; periods of unemployment should be indicated and dates given. Provide date, name and address of employer,* position held and nature of the duties performed. Attach extra sheets if necessary.

8. Number of years experience in selling Precious Metals and Gems: _____

Number of years at location shown above: _____

9. Have you ever been directly or indirectly connected with an organization, in Oklahoma or elsewhere which had its application for a license or registration refused by any federal, state or municipal authority? Yes _____ No_____

(If yes, furnish details. Attach extra sheets if necessary)

10. 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)

11. Are there any legal or administrative actions or proceedings pending against you? Yes _____ No_____

(If yes, furnish details. Attach extra sheets if necessary)

12. Each officer, director, owner, trustee, employee and manager shall submit two (2) sets of fingerprints and one (1) photo.

State of: _____

County of: _____ **Before me, the undersigned authority, being duly sworn according to law, deposes and says that the statements contained herein are true and correct.**

_____
Signature of person completing this form

_____
Notary

_____
My Commission Expires

STATE OF OKLAHOMA
PRECIOUS METAL AND GEM DEALER LICENSE BOND

KNOW ALL MEN BY THESE PRESENT THAT _____ (Name or Principal/Business),

_____ of _____,
(Street Address) *(City, State & Zip)*

in the County of _____, State of _____,
as Principal, and _____,
(Surety Company)

a corporation duly organized and existing under the laws of _____, and being duly qualified to transact business in the State of Oklahoma, as Surety, are holden and stand firmly bound unto the Administrator of the Department of Consumer Credit of the State of Oklahoma, for the use of the State and any person or persons who may have a cause of action against the obligor of this bond under the provisions of **OKLAHOMA PRECIOUS METAL AND GEM DEALER LICENSING ACT**, in the just sum of **TEN THOUSAND DOLLARS** (**$10,000**) to be paid to the said Administrator as aforesaid, or his successor in office, to which payment will and truly be made, we hereby jointly and severally bind ourselves, our respective heirs, executors and administrators, successors and assign, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH THAT if said *(Principal)* _____,

its/his officers, agents or employees shall faithfully observe and comply with all of the provisions of the aforesaid statute, then this obligation shall be void; otherwise to be and remain in full force and virtue in law, until cancelled; provided, however, that no cancellation by the surety shall be effective unless and until written notice of intention to cancel this bond has been filed with the Administrator for a period of THIRTY (30) DAYS prior to the date fixed in said notice of cancellation.

IN WITNESS WHEREOF we have hereunto set our hands and seals this _____day of _____of the year_____.

_____
(Applicant)

By:_____

_____
(Surety)

Countersigned: By: _____

_____
(Oklahoma Resident Agent)

Bond Number _____

Do Not Write Below This Line

Approved this _____ day of _____of the year 20_____.

_____
(Administrator's Signature)

STATE OF OKLAHOMA
DEPARTMENT OF CONSUMER CREDIT

APPOINTMENT OF DESIGNATED AGENT AND CONSENT TO SERVICE

TO BE COMPLETED BY ALL APPLICANTS

The undersigned _____ being
(*Name of Applicant/Business*)
an applicant for or holder of an **Oklahoma Precious Metal and Gem Dealers License** under the provisions of **TITLE 59 O.S., CHAPTER 37A, SEC. 1524(E)** does hereby appoint:

_____
(*Name in Full*)

of _____
(*Resident Address*)

_____ _____
(*City, State, Zip*) (*Telephone)*

a resident of the State of Oklahoma and County of _____
as agent upon whom may be served all judicial and other process or legal notice directed to this applicant; and in the case of the death, removal from the state, or any legal disability or disqualification of such agent, service of all such judicial and other processes of legal notice may be made upon the Administrator of the Department of Consumer Credit, State of Oklahoma.

IN WITNESS WHEREOF, the above named applicant has caused this instrument to be signed this _____day of _____, 20_____.

NOTE: This consent must be signed by the proper officers, duly authorized by resolution of the Board of Directors and a copy of the said resolution
duly executed should be attached hereto.

_____
Name of Applicant/Business

_____
Signature of Applicant

_____
Signature of Applicant - If needed

_____
Signature of Applicant - If needed

_____
Signature of Applicant - If needed

PRECIOUS METAL AND GEM DEALERS EMPLOYEE APPLICATION

1._____ **2.**_____
(Full Name of person submitting this application) *(Social Security Number)*

3. _____
(*Resident Address*)

_____ _____
(*City, State, Zip*) (*Telephone)*

4. Citizenship: _____
Furnish date, city, state and county of birth (If foreign born, furnish date of place of naturalization.)

5. _____
E-Mail

6. Licensed Precious Metal and Gem Dealer Employed with:
License Number: _____ **Name:** _____

_____
(*Resident Address*)

_____ _____
(*City, State, Zip*) (*Telephone)*

7. Furnish a complete record of employment or business association for the last FIVE (5) YEARS. All periods of time must be accounted for.
Periods of unemployment should be indicated and dates give.

_____ Annual Fee of $100.00 (TWENTY-FIVE DOLLARS) Attached

_____
Applicant Signature

_____
Title

_____
Date

Before me, the undersigned, personally appeared and being first duly sworn states that he/she has the authority to agree to the above, understands the same, and that the statements contained herein above are true and correct.

SUBSCRIBED AND SWORN TO before me this _____day of _____in the year_____.

_____
Notary

_____
My Commission Expires

INSTRUCTIONS ON HOW TO FILE A CERTIFICATE OF FICTITIOUS NAME

1. A Certificate of Fictitious Name is a name used for a business when any name except the name of the owner is used; i.e. John Doe doing business as Ace Credit Services.
2. To form a corporation, contact the Oklahoma Secretary of State at (405) 521-3911.
3. To form a limited partnership, contact the Oklahoma Secretary of State.
4. To form a limited liability company, contact the Oklahoma Secretary of State.
5. When you have chosen the name you want to use for your business, contact your county clerk's office to be sure the name is not already in use.
6. Contact the Oklahoma Secretary of State to make sure the name you choose is not already being used as a corporate, limited partnership or limited liability name.
7. There is no form for a Certificate of Fictitious Name. Draw up your own using the enclosed guideline as an example.
8. Be sure to have your signature(s) notarized.
9. Be sure to show your return address on the face of your certificate.
10. Publication is optional for sole proprietors.
11. Limited partnerships are not required to publish, but must be on file with the Secretary of State.
12. General Partnerships: Take a copy of your certificate to any newspaper in the county in which you file and have it published for one day. Obtain a publishers Affidavit and attach it to your original certificate.
13. A Certificate of Fictitious name is to be filed in the county in which the principal place of business is located.
14. Check with your county clerks for filing fee.

GUIDE FOR TYPING YOUR CERTIFICATE OF FICTITIOUS NAME
SOLE OWNERSHIP

NOTE: This is a guide, not a form to fill in the spaces. Type your own certificate giving all required information. If necessary, you may change the wording to fit your needs.

Certificate of Fictitious Name of
(*Name you have chosen*)

KNOW ALL MEN BY THESE PRESENT:

That (*your name and address*), is the sole owner and operator of (*type of business*), under the firm name of (*name of business*), and that said business is a sole ownership, dating from the _____ day of _____, 20_____; and that there are no other members belonging to the sole ownership.

Dated this _____day of _____, 20_____.

_____
Signature of Owner

State of: _____

County of: _____

Before me, the undersigned authority, being duly sworn according to law, deposes and says that the statements contained herein are true and correct.

_____
Notary

_____
My Commission Expires

Return to: Your name
Your return address
Your city, state and zip

GUIDE FOR TYPING YOUR CERTIFICATE OF FICTITIOUS NAME
GENERAL PARTNERSHIP

NOTE: This is a guide, not a form to fill in the spaces. Type your own certificate giving all required information. If necessary, you may change the wording to fit your needs. (For instance, if a partner does not live in Oklahoma County, give county where each lives).

Certificate of Fictitious Name of
(*Name you have chosen*)

KNOW ALL MEN BY THESE PRESENT:

That the following named persons are associated as partners in the business of ownership and management of (*type of business*), under the firm name of (*name of business*). That said partnership is a general or limited partnership, dating from the _____ day of _____, 20_____. That the principals' place of business for this partnership is (give complete address including name of one person or service at that location).

General Partners Residence Address

1._____

2._____

Limited Partners Residence Address

1._____

2._____

_____
Signature of Partner

_____
Signature of Partner

State of: _____

County of: _____

Before me, the undersigned authority, being duly sworn according to law, deposes and says that the statements contained herein are true and correct.

_____
Notary

_____
My Commission Expires

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

ORI OK9205512
DEPT CONSUMER CRT
OKLA CITY, OK

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ

SEX	RACE	HGT.	WGT.	EYES	HAIR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

EMPLOYER AND ADDRESS

FBI NO. FBI

LEAVE BLANK

ARMED FORCES NO. MNU

CLASS

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF.

MISCELLANEOUS NO. MNU

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE

6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY