

## SALESPERSON TERMINATION NOTICE

From: Dealership Name \_\_\_\_\_

Please Type:

Name	Social Security #	Terminated Date
1 _____		
2 _____		
3 _____		
4 _____		

**NOTE TO EMPLOYER:** Please return this page within ten days upon termination of employment.

Email or Fax Termination Form to:  
**Oklahoma Motor Vehicle Commission**  
email@omvc.ok.gov  
Fax: 405-607-8909

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