

SALESPERSON TERMINATION NOTICE

From: Dealership Name _____

Please Type:	Name	Last 4 Digits of SS#	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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