

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.state.ok.us
Fax: 405-607-8909

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