

**SALESPERSON TERMINATION NOTICE**

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

<b>Please Type:</b>	<b>Name</b>	<b>Last 4 Digits of SS#</b>	<b>Terminated Date</b>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

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

**Email Termination Form to:  
Oklahoma New Motor Vehicle Commission  
email@onmvc.ok.gov**

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