



USED MOTOR VEHICLE AND PARTS COMMISSION
421 NW 13th Street, Suite 330, Oklahoma City, OK 73103
Phone: (405)521-3600 Fax: (405)521-3604
Email: okumvpc@umvpc.ok.gov
www.usedcarcommission.ok.gov

WHOLESALE MOTOR VEHICLE DEALER'S LICENSE INSTRUCTION SHEET

Applications for license are presented to the Commission Board for consideration the second Tuesday of each month. The below requirements must be submitted eleven days prior to that meeting. **Applications that are incomplete will be returned and will delay the application process.** All licenses expire December 31st of each odd numbered year (i.e. 2019, 2021 etc.). The license will be issued only after all of the requirements have been met. Submitting an application does **NOT** authorize you to conduct any business as a wholesale motor vehicle dealer.

IMPORTANT: Wholesale motor vehicle dealers cannot sell and/or transfer titles to anyone other than another licensed dealer. Only ONE person can act as the dealer under the license regardless of the ownership. Wholesale motor vehicle dealers cannot employ salespersons.

1. **INITIAL APPLICATION**

- The initial application must be completed in full, signed and notarized.
- The name of the business must reflect the type of business being conducted under this license, i.e., "auto sales," "motors," "used cars," etc. Contact our office for approval of the business name **before** submitting the application.

2. **\$600 APPLICATION FEE** must be in the form of check, money order or cashier's check and is nonrefundable unless the Commission denies the application. **We do not accept cash or credit cards.**

3. **OSBI Report**

- **All applicants are required to submit a current report from Oklahoma State Bureau of Investigations (OSBI report).** The report must include all three searches: Name Based, Sex Offender and Violent Offender. You may contact OSBI at (405)848-6724 or visit their website at <https://www.ok.gov/osbi/>.
- **Felony Applicants: Felony Applicants must submit copies of the Judgment and Sentencing documents for all convictions. Felony applicants are required to make a personal appearance before the Board of Commissioners. All documentation must be in our office BEFORE your appearance will be scheduled.**

4. **PERSONAL HISTORY QUESTIONNAIRE** must be completed for **all** applicants listed in Section Three of the Application.

5. **OKLAHOMA DRIVER'S LICENSE** must be submitted for **all** applicants listed in Section Three of the Application.

6. **FINANCIAL STATEMENT**

- **Financial Statements are not public record, but are subject to review and verification. Statements which appear to be incomplete will be returned and may delay consideration of your application.**
- **Corporations** must submit a financial statement on the attached form for the corporation and the majority stockholder.
- **All other ownership types** must submit a financial statement on the attached form for all owners - sole proprietors / partners / members.

7. **\$25,000 SINGLE LIMIT GARAGE LIABILITY INSURANCE**

- The Certificate of Insurance must be completed by your agent on the enclosed UD-7 form, and must reflect the ownership, business name and lot address as it appears on the initial application.
- Coverage, in accordance with the financial responsibility laws of the State of Oklahoma, shall be kept in force at all times with no lapse in coverage during the period of licensure. **A lapse in coverage will result in automatic revocation of the license.**

8. **\$25,000 DEALER'S BOND**

- You must submit the **original** bond completed by your bonding agent on the enclosed bond form, and must be signed by the owner, reflect the ownership, business name and the lot address as it appears on your initial application.
- Coverage shall be kept in force at all times with no lapse in coverage during the period of licensure. **A lapse in coverage will result in automatic revocation of the license.**

9. CURRENT CERTIFICATE OF INCORPORATION OR LLC, OR A CURRENT CERTIFICATE OF GOOD STANDING

- If the business is a Corporation, LLC, LP, or LLP you must submit a copy of the Certificate of Incorporation or LLC, OR a current Certificate of Good Standing issued by the Oklahoma Secretary of State. You may contact them at (405)521-3911.

10. PHOTOS OF OUTSIDE OF SALES OFFICE AND BUSINESS SIGN

- The office must be a permanent room or building separate and apart from any other business, devoted exclusively to the operation of the wholesale business. You may use a room in your home; however, that room may not be used for any other purpose.
- The sign must identify the location of the business. A photo of the numbers on the building identifying the address of the business is sufficient as a sign.

11. PROOF OF USABLE PHONE listed with local directory assistance in the business name and lot address as it appears on the initial application.

12. SAMPLE COPIES OF APPROVED CONDITION OF SALE DOCUMENTS will be given at the Education Program. If you wish to use other forms, they must be submitted for approval.

13. INSPECTION AND APPROVAL OF THE LOCATION BY A COMMISSION INSPECTOR

- A Commission inspector will contact you to schedule an inspection after the Board of Commissioners meet.

14. ATTENDANCE OF THE EDUCATION PROGRAM

- **One owner** - sole proprietor / partner / member / corporate officer must attend the education program **before** the license will be issued. **ATTENDANCE IS MANDATORY. YOUR LICENSE WILL NOT BE ISSUED UNTIL YOUR ATTENDANCE IS VERIFIED.** There will be one class held from 9:00 a.m. - 12:30 p.m. on the Monday prior to the monthly meeting of the Used Motor Vehicle and Parts Commission at 421 NW 13th, Suite 330, Oklahoma City, Oklahoma.



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INITIAL APPLICATION FOR WHOLESALE MOTOR VEHICLE DEALER'S LICENSE

SECTION ONE: DEALERSHIP INFORMATION

YOU MUST CALL OUR OFFICE FOR APPROVAL OF YOUR BUSINESS NAME

BUSINESS NAME		PHONE		
ENTITY NAME (IF ANY)		EMAIL		
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE	COUNTY
MAILING ADDRESS	CITY	STATE	ZIP CODE	

SECTION TWO: TYPE OF OWNERSHIP

CHECK ONLY ONE

- Sole Proprietor Partnership Corporation Limited Liability Company Limited Partnership Limited Liability Partnership

SECTION THREE: OWNERSHIP INFORMATION

COMPLETE THE FOLLOWING SECTION INDICATING ALL PARTIES WITH ANY OWNERSHIP INTEREST IN THE BUSINESS

FULL NAME	PHONE NUMBER	OWNERSHIP %
FULL NAME	PHONE NUMBER	OWNERSHIP %
FULL NAME	PHONE NUMBER	OWNERSHIP %
FULL NAME	PHONE NUMBER	OWNERSHIP %
FULL NAME	PHONE NUMBER	OWNERSHIP %
If corporately owned, list Oklahoma Service agent:	NAME	ADDRESS

SECTION FOUR: OWNER WALLET CARDS

LIST THE APPLICANT THAT WILL BE ACTIVE IN THE BUSINESS OF BUYING AND/OR SELLING FOR WHOM A WALLET CARD SHOULD BE ISSUED.

Name	Gratis Card
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SECTION FIVE: BACKGROUND INFORMATION

Have any of the applicants listed in Section Four ever been convicted of or pled guilty or "no contest" to a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION SIX: GENERAL INFORMATION

1. Is the property where the business is located owned or leased? Date purchased/leased?	<input type="checkbox"/> Owned <input type="checkbox"/> Leased
2. Is the location of the business a residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the dealership the principal business to be conducted at the location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will this location be shared with another licensed dealer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL HISTORY QUESTIONNAIRE

BUSINESS NAME				
NAME			CONTACT PHONE	
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER
HOME ADDRESS		CITY	STATE	ZIP

GENERAL INFORMATION

1. Are you a U.S. Citizen? If no, attach a copy of your USCIS Immigration documents verifying the qualified alien status.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been known by or used any other name(s)? If yes, what names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you presently licensed or have you ever been licensed by this Commission in any capacity? If yes, in what capacity, specify the business name and dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been licensed as a dealer or salesperson in any other state? If yes, have you ever been denied or had a license suspended or revoked in any state? If yes, please specify state, date and circumstance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been convicted of or pled guilty or "no contest" to a felony? Felony Applicants: Felony Applicants must submit copies of the Judgment and Sentencing documents for all convictions. Felony applicants are required to make a personal appearance before the Board of Commissioners. All documentation must be in our office BEFORE your appearance will be scheduled.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION

I certify under penalty of perjury that the answers and information contained herein are true and correct. I hereby authorize the Used Motor Vehicle and Parts Commission to make any background investigation necessary prior to the issuance of my license. **Failure to provide information or material misrepresentation is grounds for denial or subsequent revocation of the license or \$1000 fine.**

Date	Signature	Title
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State of _____)
 County of _____)

Subscribed and sworn to before me this _____ day of _____, _____.

ss. _____

Notary Public

My Commission Expires: _____

Commission # _____

FINANCIAL STATEMENT

NOTE: All information on this financial statement is **CONFIDENTIAL**. It will not be disclosed to anyone outside this agency.

READ THIS PARAGRAPH BEFORE PROCEEDING:

The Financial Statement you are submitting may determine whether you will be granted a used motor vehicle dealer's license. If you do not list adequate assets to show that you are financially able to successfully operate a business, your application will be denied. A Financial Statement prepared by your accountant is preferred and will improve the ability of the Commission to assess your financial status. If you choose instead to fill out the form below, provide complete information about your assets and liabilities. Provide detailed information as though you were applying for a bank loan. You may wish to add a partner or member to your business entity if your own financial standing is inadequate. The time to consider that is before you apply. You will not be given an opportunity to add assets once your application is submitted.

BUSINESS NAME			
NAME		CONTACT PHONE	
FLOORING/FINANCIAL ORGANIZATION		ADDRESS	
FLOORING/FINANCIAL ORGANIZATION ACCOUNT NUMBER		PERSON(S) AUTHORIZED TO DRAFT/SIGN ON THE ACCOUNT	
LIST BANKS AND ACCOUNT NUMBERS			
ASSETS	AMOUNT	LIABILITIES	AMOUNT
Checking		Notes Payable to Relative/Friends (attach list)	
Savings		Notes Payable to Bank (attach list)	
Floor Plan Credit Line		Accounts and Bills Payable (attach list)	
Cash on Hand		Chattel Mortgages	
Stocks and Bonds (attach list)		Credit Cards Payable	
Notes Receivable (attach list)		Income Tax Payable	
Accounts Receivable (attach list)		Other Unpaid Taxes and Interest	
Real Estate owned (attach list of address & value)		Amounts Payable to others (secured)	
Mortgage & Contracts owned (attach list)		Amounts Payable to others (unsecured)	
Auto: Year Make		Mortgages & Liens on Real Estate	
Auto: Year Make		Court Ordered Payments	
Auto: Year Make		Judgements Outstanding	
Personal Property			
Other Assets (attach list)			
TOTAL ASSETS		TOTAL LIABILITES	
Total Net Worth (Assets minus Liabilities): \$			

MONTHLY INCOME	AMOUNT	CONTIGENT LIABILITES	AMOUNT
Salary		As Guarantor, Endorser and/or Co-Signer	
Salary Source		On Discounted Paper, Leases or Contracts	
Bonus and Commissions		On Surety Bonds	
Dividends		Lawsuit or Other Liabilities (Specify)	
Real estate Income			
Other Income (list amounts and sources)			
TOTAL		TOTAL	
Other Business Interests:			

GENERAL INFORMATION

- | | |
|---|--|
| 1. Are any assets pledged or mortgaged other than shown previously on this statement?
If yes, please explain? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Has the undersigned been a defendant in any lawsuits or legal actions regarding financial matters within the last five Years?
If yes, please explain? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Has the undersigned ever filed bankruptcy?
If yes, give the name(s) it was filed under, where it was filed and what happened. You must attach copies of the documents and court papers. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you solvent in the sense your assets exceed your liabilities and in the sense that you can meet your obligations as they become mature? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CERTIFICATION

I certify that this financial statement represents my true financial status as of this date, and I hereby authorize investigation of my financial records and other sources as necessary for licensing.

DATE	SIGNATURE
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STATE OF OKLAHOMA
USED MOTOR VEHICLE AND PARTS COMMISSION
WHOLESALE MOTOR VEHICLE DEALER'S SURETY BOND

Bond Number _____

KNOW ALL BY THESE PRESENTS, that _____

_____ as Principal, whose place(s) of business is/are located at the address(es) set forth above, and

_____ as Surety, are held and firmly bound to the State of Oklahoma and severally to such persons who shall have any right of action under the conditions of this bond against said Principal in its capacity as a wholesale motor vehicle dealer in the penal sum of **Twenty-Five Thousand Dollars (\$25,000.00)**, for the payment of which sum, well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

WHEREAS, the above-named Principal is applying for a license as a wholesale motor vehicle dealer, AND WHEREAS, said Principal is required by law to submit a good and sufficient surety bond, conditioned as set forth below, with said application for license,

THE CONDITION OF THIS OBLIGATION is such that if the Principal shall conduct its business as a wholesale motor vehicle dealer without practicing fraud or making fraudulent representations, and without violating any of the provisions of the Oklahoma Used Motor Vehicle Dealer Laws (47 O.S. § 581et seq.) or any amendments thereto, and if the Principal shall indemnify and reimburse any person for any loss or damage suffered by reason of said fraud, fraudulent representations or otherwise by the issuance of a certificate of title by the Principal, then this obligation shall be void; otherwise to remain in full force and effect.

IT IS UNDERSTOOD AND AGREED that the above obligation shall inure to the benefit of any person, whether a consumer, used motor vehicle dealer or used motor vehicle auction, but shall not extend to financial institutions or parties extending floor plans or financing for the dealer's inventory.

IT IS FURTHER UNDERSTOOD AND AGREED that the above obligation shall extend, without notification to the Surety, to any change of officers of the Principal if the Principal is a corporation, to any additional locations or changes of address of the Principal or to any substitution of business name of the Principal wherein ownership is not changed.

IT IS FURTHER UNDERSTOOD AND AGREED that the liability of the Surety hereunder shall, in no event, exceed the amount of this bond and that the Surety shall have the right to cancel the bond upon the giving of thirty (30) days written notice of cancellation to the Principal and the Used Motor Vehicle and Parts Commission.

DATED EFFECTIVE this _____ day of _____, _____.

Principal

BY: _____

Surety

BY: _____



State of Oklahoma
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CERTIFICATE OF INSURANCE

I, _____, HEREBY CERTIFY THAT

(Name of Insurance Company) (Address of Insurance Company)

HAS ISSUED A MINIMUM OF **\$25,000** COMBINED **SINGLE LIMIT LIABILITY** INSURANCE COVERAGE ON ALL VEHICLES OFFERED FOR SALE OR USE IN ANY OTHER CAPACITY IN DEMONSTRATING OR UTILIZING THE STREETS AND ROADWAYS, IN ACCORDANCE WITH THE FINANCIAL RESPONSIBILITY LAWS OF THIS STATE [Title 47 Section 583(F)] TO THE FOLLOWING DEALER:

OWNERSHIP _____

DbA DEALERSHIP NAME _____

LOT ADDRESS _____

POLICY NUMBER _____

EFFECTIVE DATE _____ EXPIRATION DATE _____

AND IF I HAVE NOT PROVIDED AN EXPIRATION DATE I DO CERTIFY THAT COVERAGE AS ABOVEMENTIONED SHALL BE **CONTINUOUS** UNTIL NOTIFICATION. FURTHER, THE AFOREMENTIONED POLICY WILL NOT BE CANCELED UNTIL THIRTY (30) DAYS AFTER THE USED MOTOR VEHICLE AND PARTS COMMISSION HAS RECEIVED WRITTEN NOTICE OF THE INTENT TO CANCEL SUCH POLICY.

DATE _____ SIGNED _____

AGENCY NAME _____ AGENCY NUMBER _____

ADDRESS OF AGENCY _____ PHONE _____