



STATE OF OKLAHOMA
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

CHANGING THE BUSINESS NAME AND/OR BUSINESS ADDRESS INSTRUCTION SHEET

All requirements must be submitted within 30 days of the change. The Commission may revoke or suspend a license after it has been granted for change of condition resulting in failure to maintain the qualifications for license. (Title 47 O.S. S 584.4)

1. **CHANGE OF CONDITION APPLICATION** must be completed in full and signed.
2. **APPLICATION FEE** must be in the form of check, money order or cashier's check. **We do not accept cash or credit cards.**
 - The fee for changing the **business name** is Twenty Five Dollars (\$25.00)
 - The fee for changing the **business address** is One Hundred Dollars (\$100.00) for all license types except for Rebuilder, Manufactured Home Installer and Manufactured Home Manufacturer (There is not a fee for these license types.)
3. **CERTIFICATE OF INSURANCE** must be amended to reflect the new business name and/or new address. **(This requirement does not apply to Rebuilders, Automotive Dismantlers and Manufactured Home Manufacturers.)**
4. **DEALER'S BOND** must be amended to reflect the new business name and/or new address. **(This requirement does not apply to Automotive Dismantlers or Manufactured Home Installers.)**
5. **PROOF OF USABLE PHONE** listed with local directory assistance in the new business name and/or new address.
6. **PHOTO OF PERMANENTLY MOUNTED SIGN** reflecting the new business name and/or a photo of the sign permanently mounted at the new location.

IF YOU ARE CHANGING ONLY THE BUSINESS NAME, YOU DO NOT NEED TO COMPLETE THE BELOW REQUIREMENTS.

7. **PHOTOS OF OUTSIDE OF SALES OFFICE & SALES LOT**
 - The business must be a permanent structure separate and apart from any residence or other business and the facility must have an accessible restroom for the public.
8. **LETTER OR PERMIT FROM THE CITY OR COUNTY** reflecting the lot address and showing approval of local zoning requirements for type of business you are being licensed to conduct. If there are no zoning requirements, you will need to submit a letter from the appropriate authority stating such.
9. **INSPECTION AND APPROVAL OF THE LOCATION BY A COMMISSION INSPECTOR**
 - A Commission inspector will contact you to schedule an inspection.



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APPLICATION FOR CHANGE OF ADDRESS AND/OR BUSINESS NAME

LICENSE TYPE

- Used Motor Vehicle Dealer Rebuilder Manufactured Home Dealer
 Wholesale Motor Vehicle Dealer Manufactured Home Park Dealer Manufactured Home Installer
 Automotive Dismantler Manufactured Home Manufacturer

COMPLETE THIS SECTION WITH THE CURRENT LICENSE INFORMATION

TYPE OF LICENSE		LICENSE NUMBER		
BUSINESS NAME		PHONE		
ENTITY NAME (IF ANY)		EMAIL		
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE	COUNTY

COMPLETE THIS SECTION WITH THE NEW INFORMATION

Changing: Business Name Business Address

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

CERTIFICATION

I hereby certify that the statements in or attached to this application are true and correct to the best of my knowledge and belief; and that I, as proprietor, partner, member or designated officer of the corporation, have authority to make the changes contained herein. I request the Used Motor Vehicle and Parts Commission make the above changes to the permanent record of this business.

Date	Signature	Title
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