

STATE OF OKLAHOMA
USED MOTOR VEHICLE AND PARTS COMMISSION
2401 NW 23RD STREET, SUITE 57
OKLAHOMA CITY, OK 73107
PHONE (405)521-3600 FAX (405)521-3604

CHANGING THE LOCATION AND/OR NAME OF YOUR BUSINESS

Below are listed the requirements for changing the location and/or name of your business. All requirements must be submitted within **30 days** of the change.

CHANGING THE LOCATION of your business requires that you submit.

1. Change application completed and signed.
2. Proper Fee of One Hundred Dollars (\$100.00) submitted with application for change.
3. Certificate of Insurance showing the new location.
4. Dealer bond endorsement showing the new location.
5. Copy of City Permit or letter of zoning approval showing the new location is zoned correctly for the type of business you are being licensed to conduct.
6. Photo of sign permanently mounted with permanent lettering at least 32 square feet in size.
7. Photos of sales office and sales lot.
8. Proof of business-listed phone at the new location.
9. All previously issued licenses, including wallet cards, if any, returned for correction.

CHANGING THE NAME of your business requires that you submit:

1. Change application completed and signed.
2. Proper Fee of Twenty Five Dollars (\$25.00) submitted with application for change.
NOTE: For **Automotive Dismantlers** the fee is Fifty Dollars (**\$50.00**).
3. Certificate of Insurance showing the new name.
4. Dealer bond endorsement showing the new name.
5. Photo of sign permanently mounted with permanent lettering at least 32 square feet in size showing the new name of the business.
6. Proof of business-listed phone in new name.
7. All previously issued licenses, including wallet cards, if any, returned for correction.

Note to Automotive Dismantlers Only: Requirements 3 and 4 of both sections do not apply to you.

WARNING: "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.)

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APPLICATION FOR CHANGE OF ADDRESS AND/OR NAME OF YOUR BUSINESS

Please complete this section with the **CURRENT** license information.

Type of License _____ License Number _____

Business Name _____ Phone _____

Lot Address _____
Street Address City State Zip

Please complete this section with the **NEW** information.

Changing: Business Name Lot Address

Business Name _____

Business Phone _____ Cell (contact) Phone _____

Lot Address _____
Street Address City State Zip

Mailing Address _____
Street Address City State Zip

NOTE: If you are changing the name of your business, you must contact our office for approval of the new name before you use it.

CERTIFICATION

I hereby certify that I am the owner, member or corporate officer. I request the Used Motor Vehicle and Parts Commission make the above changes to the permanent record of this business.

Date: _____

Signature: _____