OKLAHOMA MOTOR VEHICLE COMMISSION **APPLICATION FOR MOTOR VEHICLE REPRESENTATIVE LICENSE**

1. Legal Name				
	First	MI	Last	
2. SS # (last 4 digit	s only):	3. Job Title:		
4. Home Address:_			9	
	Address	City	State	Zip
5. Ph #:		6. Work Email:		
7. Employed by:		8. Di	vision:	
			(if applicable))
9. Employer Address	Ss:Address	City	State	Zip
10 114		itors that you currently represent: _		
11 11		T' 1 ' 1 1 1	1.11.41.	X7 N
11, Have you ever	had a Representative	License denied, revoked or suspen	ided in this <u>or</u> any other state?	Y or N
If yes, expla	ain:			
perjury that the answ		f the State of Oklahoma, Motor Vo contained herein are true and correct isstatement of fact.		
Signature				
Signature Applicant Signature			Date	
	<u> </u>	EMPLOYER'S ENDORSEMEN	NT	
Applicant, Represe	going answers by the enting My Company	above Applicant and believe them, is recommended as trustworthy at the sale and distribution of new mo	to be true to the best of my kno nd a person who will abide by th	•
Signature				
	Authorized Signatu	re of Employer	Title	
	Print Na	me	Date	

Fee: \$100.00

Oklahoma Motor Vehicle Commission 4334 N.W. Expressway, Suite 183, Oklahoma City, OK 73116 405-607-8227