

OKLAHOMA NEW MOTOR VEHICLE COMMISSION

APPLICATION FOR NEW MOTOR VEHICLE
SALESPERSON CERTIFICATE OF REGISTRATION

REGISTRATION REQUIRED FOR ANY PERSON INVOLVED IN THE SALE OR FINANCING OF NEW VEHICLES

PLEASE PRINT CLEARLY

1.) FULL NAME: _____
(First Middle Initial Last)

2.) ADDRESS: _____
Street City State Zip

3.) SSN: [][][][][][] 4.) BIRTH DATE: ____/____/____ 5.) HOME/CELL: (____) _____
(LAST 4 DIGITS ONLY!)

6.) FULL DEALERSHIP NAME (DBA): _____

7.) DEALERSHIP ADDRESS: _____
Street City State Zip

8.) CHECK ONE: ___Salesperson ___Finance ___Dealer Key Personnel ___Dealer Spouse

9.) DATE HIRED: _____ 10. JOB TITLE: _____

APPLICANT ATTESTATION: I agree to abide by the Laws and Rules of the State of Oklahoma and the Motor Vehicle Commission. I certify under penalty of perjury that the answers and information contained herein are true and correct.

APPLICANT SIGNATURE DATE

EMPLOYER'S ENDORSEMENT

I have read the foregoing answers by the above Applicant and believe them to be true to the best of my knowledge. **This Applicant, Representing My Dealership,** is recommended as trustworthy and a person who will abide by the provisions of the laws and the rules and regulations governing the sale of new motor vehicles, and is being employed as a salesperson, selling exclusively for the undersigned employer.

Signature of Dealer, General Manager or Corporate Officer *Only* TITLE

PRINT NAME DATE

SUBMIT REGISTRATION APPLICATION AND FEE OF \$25.00 to:

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