SALESPERSON TERMINATION NOTICE

From: Dealership	Name	
Please Type: Name	Last 4 Digits of SS#	Terminated Date
2		
3		
4		
	ER: Please return this page within ter	n days upon termination
Ok	Email Termination Form to: lahoma New Motor Vehicle Com email@onmvc.ok.gov	nmission
	GALESPERSON TERMINATION N	
From: Dealership	Name	
Please Type: Name	Last 4 Digits of SS#	Terminated Date
1		
2		

Email Termination Form to:
Oklahoma New Motor Vehicle Commission
email@onmvc.ok.gov

NOTE TO EMPLOYER: Please return this page within ten days upon termination

of employment.