OKLAHOMA MOTOR VEHICLE COMMISSION

APPLICATION PACKET FOR MANUFACTURER OR DISTRIBUTOR

A new motor vehicle Manufacturer or Distributor must be licensed prior to establishing a dealer or distributor network in Oklahoma, or placing bids. It is unlawful for a Manufacturer or Distributor to sell *new cars, trucks, buses, motor homes, RV Towables, specialty vehicles, or powersports (which include on-road and off-road)* into Oklahoma without first obtaining a license. Sanctions such as fines or denial of license may be imposed for non-compliance.

ITEMS IN CHECKLIST BELOW ARE REQUIRED TO MAKE PROPER APPLICATION

___ 1. **APPLICATION FORM**: Form must be fully completed, signed and notarized.

___ 2. **FINANCIAL INFORMATION**: A company **Balance Sheet or Pro Forma Balance Sheet** is required. The Balance Sheet *must be certified* by an officer of the company, and *current within the last 90 days*. You may submit your own signed Balance Sheet or use the enclosed Balance Sheet form.

___ 3. **AFFIDAVIT**: Furnish an affidavit, on your letterhead, certifying that only new parts are used in the manufacture of the new vehicles.

___ 4. **PHOTO**: Include photo of your manufacturing or distributing facility, showing the business sign.

___ 5. **WARRANTY**: Attach copy of your product warranty and policy for warranty reimbursement to Dealers.

____6. **MSOs/MCOs:** Sample of *completed* Manufacturer's Statement/Certificate of Origin (front and back) for each product line manufactured or distributed in Oklahoma.

____7. **DEALER SALES & SERVICE AGREEMENT**: Submit sample copy of the standard Dealer Agreement.

____8. **REPRESENTATIVES:** Representatives are **individuals** employed by your company who contact dealers, prospective dealers or distributors, whether paid by salary, commission or contract. They must be licensed prior to engaging in this activity. A Representative form is enclosed, please make photo copies.

____9. **DEALERS:** Provide names, addresses, and phone numbers, of all Dealers who will be selling your product. Only Dealers can sell to the public; they must be physically located in Oklahoma and duly licensed.

___ 10. **IF APPLYING FOR A MANUFACTURER LICENSE:** Provide name, address, phone, and contact person for any Distributors involved on behalf of applicant. A Distributor is a **company** (anywhere in the U.S.) that "establishes dealer networks", "places bids", or "distributes your products", in Oklahoma. *Distributors are required to be licensed prior to engaging in these activities.*

___ 11. **IF APPLYING FOR A DISTRIBUTOR LICENSE:** Provide name, address, phone, and contact person, for each Manufacturer that you will represent; and **attach** copy of your signed Distributor Agreement with each of those manufacturers. *Manufacturers in the U.S. are required to be licensed before the Distributor is licensed.*

___ 12. **FEES:** Manufacturer/Distributor Fee is $400.00. Representative Fee is $100.00 each. Checks or Money Orders only, no cash or credit cards. ***Fees are non-refundable unless application is denied***.

___13. **DEADLINE**: Applications are reviewed for consideration at a Commission Meeting, held monthly on the second Tuesday. The **deadline** to submit an application packet is the Monday ***eight days prior*** to the meeting. NO EXCEPTIONS! If your application is not ***complete*** by the deadline, it will be held over to the next monthly Commission Meeting.

Contact Marilyn Maxwell at (405) 607-8227, ext 101, for assistance.

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OKLAHOMA MOTOR VEHICLE COMMISSION

INITIAL APPLICATION
MANUFACTURER AND/OR DISTRIBUTOR LICENSE

Check one: ___Manufacturer ___ Factory Branch ___Distributor ☐____ Distributor Branch

1. DBA Name _____

2. Legal Business Name _____
(if different)

3. Physical Address_____
Street City State Zip

4. Mailing Address _____
(if different) P.O. Box or Street City State Zip

5. Main Phone _____ Fax _____ Website _____

	Name	Direct Phone #	E-Mail
6. Division Head	_____	_____	_____
Contact Person (filling out this form)	_____	_____	_____

7. Ownership Type: ☐ Individual ☐ Partnership ☐☐ Corporation ☐ LLC ☐☐ LP

8. Ownership Structure (check one) : ☐☐ Owned by parent company: _____
☐☐ Publicly Owned
☐☐ Privately Owned (if this is checked complete Question #10)

9. If privately owned, complete below for each Owner, Officer and Executive Manager: (attach separate pages if necessary)

NAME OF OFFICER	HOME ADDRESS	TITLE	D.O.B.	%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%
_____	_____	_____	_____	_____%

10.. Has the company or any of the principals ever had a Motor Vehicle Manufacturer/Distributor or Dealer License denied, revoked or suspended in this **or** any other state? ____Yes ____No If Yes, explain:

_____

11. Have you or any of the principals ever been convicted of a felony? _____ Yes _____ No **If Yes,** complete below:
Who? _____ **Where?**_____ **When?** _____

(circle one) **Federal** or **State Charge** **Convicted of:** _____

****If yes, attach** copy of a Criminal History Background Report relating to the felony charge(s). The Application will not be processed without this documentation. This Commission has the authority to verify, independently, the accuracy of your response.

12. Give a brief history of the business: _____

_____

_____

13. List by Franchise Make and Type Code the products to be manufactured:

AB – Automobiles MH – Motor Home TW – RV Towable HT – Heavy Truck
BS – Bus EM – Emergency Vehicle SV – Specialty Vehicle MT – Mini Truck
PS – Powersports (Motorcycle, Scooter, ATV, & UTV) LS – Low Speed Vehicle

FRANCHISE "MAKE" NAME	TYPE CODE

14. **PRODUCTS ARE NOT TO BE SHIPPED TO DEALERS OR DISTRIBUTORS UNTIL BOTH THIS APPLICANT AND ITS DEALERS or DISTRIBUTORS ARE DULY LICENSED. I acknowledge, by my initials below, that:**

(a) It is our responsibility to notify the OMVC upon the establishment of a dealer or distributor. _____ **(initials)**

(b) We will refrain from shipping product to the newly appointed dealer and/or distributor until they are properly licensed. _____ **(initials)**

(c) I further acknowledge that failure to comply with (a) and (b) above is a violation of OMVC Law. _____ **(initials)**

****MAKE SURE TO VERIFY THAT ALL APPLICABLE ITEMS, OUTLINED IN THE COVER SHEET, ARE ATTACHED TO THIS APPLICATION BEFORE SUBMITING TO OMVC****

I hereby certify that the statements in or attached to this Application are true and correct to the best of my knowledge and that the members of this organization are familiar with the provisions of the law under which this Application is made. I further attest that our products manufactured or sold in the State of Oklahoma, conform to applicable Federal requirements, and that I have authority to make the statements contained herein.

Signed _____ _____
Signature of Authorized Official **Print Name**

_____ _____
Title **Date**

Notary: Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 _____.

_____ My Commission Expires: _____
Notary Public

Commission Number: _____ (SEAL)

FEE: $400.00
Not refundable unless application is denied.

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

BALANCE SHEET

Company: _____ As of _____

ASSETS:				
Current Assets:				
Cash on Hand and in Bank	_____			
Accounts Receivable	_____			
Factory Receivables	_____			
Notes Receivable	_____			
Total Cash and Receivables		_____		
Inventories:				
New Motor Vehicles	_____			
Used Motor Vehicles	_____			
Parts and Accessories	_____			
Other Inventories	_____			
Total Inventories		_____		
Other Current Assets:				
_____		_____		
Total Current Assets:			_____	
Property, Plant, and Equipment:				
Land and Buildings	_____			
Furniture, Fixtures, Equipment	_____			
Company Vehicles	_____			
Leasehold Improvements	_____			
Other	_____			
Total Property, Plant, & Equip:		_____		
Other Dealership Assets:				
_____		_____		
Total Non-Current Assets:			_____	
TOTAL ASSETS:				_____
LIABILITES				
Current Liabilities:				
Accounts Payable	_____			
Notes Payable - Floor Plan	_____			
Other Short-Term Notes	_____			
Other Current Liabilities	_____			
Total Current Liabilities:		_____		
Long-Term Liabilities:				
Mortgages Payable	_____			
Other Long-Term Notes	_____			
Total Long-Term Liabilities:		_____		
TOTAL LIABILITES:			_____	
NET WORTH / OWNERS EQUITY:				
Capital Stock	_____			
Additional Paid in Capital	_____			
Retained Earnings	_____			
Other (Explain)	_____			
TOTAL NET WORTH / OWNERS EQUITY:			_____	
TOTAL LIABILITIES PLUS TOTAL NET WORTH:				_____

I CERTIFY THAT THIS FINANCIAL INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____ Printed Name _____ Title _____
Corporate Officer

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REPRESENTATIVE ROSTER SHEET

Representative Licenses are required for employees of a manufacturer, factory branch, distributor, or distributor branch who perform any of the following duties:

- **Contact prospective Oklahoma Dealers**
- **Supervise or contact current Oklahoma Dealers**
- **Contact prospective or current Distributors**
- **Place bids with any Oklahoma State, Municipal or County Governments**

Instructions:

1. **List below all Representatives to be licensed AND their Social Security Number.**
2. **Then each person listed below must complete a Representative License Application and an Affidavit of Citizenship form.**
3. **PLEASE TYPE or PRINT LEGIBLY!**

Company _____ **Contact Person**_____

Phone Number _____

NAME	S.S. #	NAME	S.S. #
1.		17.	
2.		18.	
3.		19.	
4.		20.	
5.		21.	
6.		22.	
7.		23.	
8.		24.	
9.		25.	
10.		26.	
11.		27.	
12.		28.	
13.		29.	
14.		30.	
15.		31.	
16.		32.	

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OKLAHOMA MOTOR VEHICLE COMMISSION

APPLICATION FOR MOTOR VEHICLE REPRESENTATIVE LICENSE

INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED.

1. Name_____ Job Title _____ SS#_____

2. Home Address_____
Address City State Zip

3. Home Ph #:_____ 4. Email Address_____

5. Employed by _____ Division _____
(if applicable)

6. Address of Employer: _____
Address City State Zip

7. List any other Manufacturer/Distributor that you represent: _____

8. Have you ever had a Representative License denied, revoked or suspended in this **or** any other state? _____ Yes _____ No
If Yes, explain: _____

9. Have you ever been convicted of a felony? ___Yes ___No **If Yes,** complete below: **Where?_____**
When? _____ (circle one) **Federal** or **State Charge** **Convicted of: _____**

If Yes: Attach copy of the OSBI Report for state charges in Oklahoma or a Criminal History Background Report
Dealer must acknowledge past felony history by signing the Report.
The Commission has the authority to verify, independently, the accuracy of your response.
(DO NOT SUBMIT APPLICATION WITHOUT THIS DOCUMENTATION—IT WILL NOT BE PROCESSED!)

I agree to abide by the Laws and Rules of the State of Oklahoma, Motor Vehicle Commission. I certify under penalty of perjury that the answers and information contained herein are true and correct. I understand that my License may be denied, revoked or suspended for any material misstatement of fact.

Signature_____ _____
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 Company**, is recommended as trustworthy and a person who will abide by the provisions of the law, rules and regulations governing the sale and distribution of new motor vehicles.

Signature _____ _____ _____
Authorized Signature of Employer **Title** **Date**

_____ _____ _____
Print Name **Name of Company** **Phone Number**

$100.00 Fee and Affidavit Verifying Lawful Presence must accompany this form in order to be processed

Oklahoma Motor Vehicle Commission
4334 N.W. Expressway, Suite 183,
Oklahoma City, OK 73116

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AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

Required Affidavit for all Representative Applications: Must verify and fill out either Option 1 OR Option 2

*****DO NOT COMPLETE BOTH*****

Instructions:
All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma Motor Vehicle Commission are required, by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Commission with verification of lawful presence in the United States by executing one of the Affidavits below before a notary public or other officer authorized to notarize affidavits under State law. The Commission's office provides notary service free of charge to applicants.

OPTION 1: Verification of US Citizenship

Affidavit of _____ being of lawful age, being first duly sworn, upon oath, under
(Print Applicant's Name)

penalty of perjury, declares as follows: **I am a United States Citizen**.

_____
(Signature of Applicant)

NOTARY: Subscribed and sworn to or affirmed before me this _____ day of _____, 20_____.

My Commission Expires: _____ _____
Notary

My Commission #: _____

(Seal)

(NO DOCUMENTATION REQUIRED FOR OPTION #1)

OPTION 2: Affidavit Verifying Qualified Alien Status

Affidavit of _____ being of lawful age, being first duly sworn, upon oath, under
(Print Applicant's Name)

penalty of perjury, declares as follows: **I am a qualified alien under the federal Immigration and Naturalization Act, and am lawfully present in the United States.**

_____
(Signature of Applicant)

NOTARY: Subscribed and sworn to or affirmed before me this _____ day of _____, 20_____.

My Commission Expires: _____ _____
Notary

My Commission #: _____ (Seal)

If Option #2 is completed, the applicant must attach a copy (front and back) of one of the following USCIS Immigration Documents verifying the qualified alien status:

Check one:

- ☐ **Form I-551 (Permanent Resident Card)**
- ☐ **Form I-94 (Arrival-Departure Record)**
- ☐ **Form I-327 (Reentry Permit)**
- ☐ **Form I-766 (Employment Authorization Card)**
- ☐ **Form I-571 (Refugee Travel Document)**
- ☐ **Naturalization Certificate**
- ☐ **Other Document**