Rev (4-2026)

OKLAHOMA NEW MOTOR VEHICLE COMMISSION

APPLICATION FOR MOTOR VEHICLE REPRESENTATIVE LICENSE

1. Legal Name_____
First MI Last

2. SS # (last 4 digits only): ☐☐☐☐ 3. Job Title: _____

4. Home Address: _____
Address City State Zip

5. Phone #:_____ 6. Work Email: _____

7. Employed by: _____ 8. Division: _____
(If applicable)

9. Employer Address: _____
Address City State Zip

10. List any other Manufacturer/Distributors that you currently represent: _____

11. Have you ever had a Representative License denied, revoked or suspended in this **or** any other state? Y or N

If yes, explain: _____

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.

All Signatures below must be a wet signature or a verified digital signature. No Photocopies

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**

_____ _____
Print Name **Date**

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

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APPLICATION FEE: $100.00