



**APPLICATION FOR LICENSE TO
OPERATE A DESIGNATED SERVICE OKLAHOMA LOCATION**

A \$100.00 non-refundable application fee must be submitted with this application, along with a completed business plan. Carefully review all information and requirements before submitting this application. Incomplete or illegible applications will be rejected.

Based on this application, should you be considered for a contract, Service Oklahoma may conduct a personal background investigation, including any civilian or military Judicial records. Information provided relative to this application is subject to investigation and verification. The penalty for willful misrepresentation or falsification is forfeiture of the position of Licensed Operator.

Applicant's Current Name: _____
(Last, First, Middle)

All Previous Names: _____
(i.e. maiden name, previous married names, etc; if none, indicate "None" above)

Applicant's Home Address: _____
(Street Address)

(City, State, Zip)

Social Security Number: ____ - ____ - _____ Driver License Number: _____
Federal ID Number: _____ Sales Tax Permit Number: _____
(If applicable) (If applicable)
Telephone Number: _____ Email Address: _____

DESIGNATED SERVICE OKLAHOMA LOCATION FOR WHICH YOU ARE APPLYING:

Physical address: _____
(Street Address)

(City, County, State, Zip)

Square Footage: _____ Number of Parking Spaces: _____

Describe the accessibility for the proposed location, including number of disabled parking spaces:

_____ Initial here to confirm that your proposed location is compliant with all ADA requirements

Is the proposed location within 3 miles of any other Service Oklahoma location? _____

Does the proposed Designated Service Oklahoma Location meet the branding and physical standardization requirements established by the Service Oklahoma Operator Board? _____

_____ Initial here to confirm your understanding and agreement to submit all plans to the Service Oklahoma Operator Board for approval before construction begins.

EDUCATION:

Do you have a High School Diploma or G.E.D. Certificate: ___ Yes ___ No

Schools Attended After High School (or Special Training):

1. Name of School: _____
City/State: _____
From (Month/Year): ____ / ____ To (Month/Year): ____ / ____ Did you Graduate? _____
Type of Degree or Diploma: _____
2. Name of School: _____
City/State: _____
From (Month/Year): ____ / ____ To (Month/Year): ____ / ____ Did you Graduate? _____
Type of Degree or Diploma: _____
3. Name of School: _____
City/State: _____
From (Month/Year): ____ / ____ To (Month/Year): ____ / ____ Did you Graduate? _____
Type of Degree or Diploma: _____

SPECIAL QUALIFICATIONS AND/OR SKILLS:

Please list: _____
Licenses or Certificates: _____
State or other Licensing Authority: _____
Year of First License/Certificate: _____ Year of Latest License/Certificate: _____

EMPLOYMENT HISTORY:

List below your work history beginning with your present or most recent job, emphasizing your specific tasks and supervisory, technical, or other responsibilities. Attach additional sheets if necessary.

May we check with your present supervisor regarding your work: ___ Yes ___ No

1. Employer's Name: _____
Employer's Address: _____
Duties: _____
Title of the Position you currently hold: _____
Start Date: _____ End Date: _____ Hours per Week: _____
Starting Salary: \$ _____ Ending Salary: \$ _____
Reason for leaving: _____
2. Employer's Name: _____
Employer's Address: _____
Duties: _____
Title of the Position you currently hold: _____
Start Date: _____ End Date: _____ Hours per Week: _____
Starting Salary: \$ _____ Ending Salary: \$ _____
Reason for leaving: _____

3. Employer's Name: _____
Employer's Address: _____
Duties: _____
Title of the Position you currently hold: _____
Start Date: _____ End Date: _____ Hours per Week: _____
Starting Salary: \$ _____ Ending Salary: \$ _____
Reason for leaving: _____

REFERENCES:

1. Name: _____ Phone Number: _____
Email Address: _____

2. Name: _____ Phone Number: _____
Email Address: _____

3. Name: _____ Phone Number: _____
Email Address: _____

Have you ever been convicted of or charged with a felony? ___ Yes ___ No

If yes, please explain: _____

RELATIONSHIP DECLARATION

I hereby certify that I am not related within the third degree of consanguinity, marriage, or adoption to any member or employee of Service Oklahoma.

I further hereby certify that the location specified above is not owned by a member or employee of Service Oklahoma, or any person related thereto within the third degree by consanguinity, marriage, or adoption.

Signature: _____ Date: _____

I certify that all information given by me in regards to my application for a license to operate a designated Service Oklahoma location is complete and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission expires: _____

Notary Public: _____



**APPLICATION FOR LICENSE TO
OPERATE A DESIGNATED SERVICE OKLAHOMA LOCATION**

AUTHORIZATION FOR RELEASE OF CREDIT REPORT

I, the undersigned, do hereby authorize Service Oklahoma to obtain a copy of my credit report.

Applicant's Full Name: _____
(Last, First, Middle)

Applicant's Home Address: _____
(Street Address)

(City, State, Zip)

Social Security Number: ___ - ___ - _____ Date of Birth: _____

Signature: _____ Date: _____

I certify that all information given by me in regards to my application for a license to operate a designated Service Oklahoma location is complete and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Subscribed and sworn to before me this ____ day of _____, 20__

My Commission expires: _____

Notary Public: _____



**APPLICATION FOR LICENSE TO
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AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY

I, the undersigned, do hereby authorize the Oklahoma State Bureau of Investigation to provide Service Oklahoma with any criminal history conviction data that the Oklahoma State Bureau of Investigation has attributed to me. I understand that Service Oklahoma may utilize the data for the purpose of establishing eligibility to issue driver license transactions.

Applicant's Full Name: _____
(Last, First, Middle)

Applicant's Home Address: _____
(Street Address)

(City, State, Zip)

Applicant's Telephone Number: _____

Social Security Number: ____ - ____ - _____ OK Driver License No.: _____

Date of Birth: _____ Race: _____ Sex: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Signature: _____ Date: _____

I certify that all information given by me in regards to my application for a license to operate a designated Service Oklahoma location is complete and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Subscribed and sworn to before me this ____ day of _____, 20__

My Commission expires: _____

Notary Public: _____



**APPLICATION FOR LICENSE TO
OPERATE A DESIGNATED SERVICE OKLAHOMA LOCATION**

FINANCIAL STATEMENT FOR INDIVIDUALS ONLY

Applicant's Full Name: _____

Applicant's Home Address: _____
(Street Address)

(City, State, Zip)

Assets (Whole Dollar Only)		Liabilities (Whole Dollar Only)	
Cash in Bank		Notes Payable to Banks (Schedule E)	
Cash in Other Banks, S&L		Other Notes Payable (Schedule E)	
Notes Due Me (Schedule A)		Taxes Owing	
Other Amounts Due Me		Income	
Professional Accounts Receivable		Other	
Other Collectible Amounts		Owing on Real Estate (Schedule C)	
Stocks and Bonds (Schedule B)		Life Insurance Policy Loans	
Cash Surrender Value Life Insurance		Other Liabilities (Describe)	
Autos			
Real Estate (Schedule C)		Open Accounts	
Oil Interests		Other Personal Bills	
Producing Properties (Schedule D)		TOTAL LIABILITIES	
Other Oil Interests		TOTAL ASSETS	
Other Personal Assets (Describe)		LESS TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

Income Information for year ending _____, 20 ____.

Total Salaries \$ _____
 Total Commissions \$ _____
 Total Rentals \$ _____
 Total Dividends \$ _____

Other (Describe) [Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying any obligations]

_____ \$ _____
 _____ \$ _____
TOTAL ALL INCOME \$ _____

Tax Return has been filed through _____ (year) Any additional assessments? Yes No

Business or Occupation: _____

Position held: _____

Businesses in which I am a Partner, Officer, Principal Owner, etc.

Name of Business & Location	Bank Account (Location, Type & Account Number)

Style of Personal Checking and Savings Accounts

Name of Account	Account Number	Balance	Checking	Savings

This financial statement and supporting schedules are a true, complete and correct representation of my financial condition as of this date.

Signature: _____ Date: _____

Licensed Operator Applicant
Affidavit of Compliance with Personal Computer Requirement

Pursuant to the provisions of Service Oklahoma Promulgated Rule OAC 260:135-3-55(h), a newly licensed Licensed Operator shall provide and maintain within the designated Service Oklahoma location, a personal computer with internet access for use during normal business hours. The personal computer equipment provided by the licensed operator must satisfy the technical requirements established for such equipment by Service Oklahoma. Should those requirements change, it shall be the responsibility of the licensed operator to upgrade or replace their personal computer equipment as necessary to remain in continuous compliance.

Currently, those minimum requirements are as follows:

- Windows 10 or newer
- 1G Processor
- 2G Ram
- 100G Hard Drive

By signing the affidavit below, the applicant acknowledges his or her understanding of the referenced Licensed Operator personal computer requirement.

I understand and, upon my appointment, will comply with the Licensed Operator personal computer requirements set forth in the above referenced Service Oklahoma rule.

I state, under penalty of perjury under the laws of Oklahoma, the foregoing is true and correct and I have read and understand this form and executed it in my own hand.

Signature: _____ Date: _____

Printed Name: _____



CHECKLIST FOR APPLICATION FOR LICENSE TO OPERATE A DESIGNATED SERVICE OKLAHOMA LOCATION

Please note, it is the responsibility of the applicant to review and confirm compliance with all statutory and promulgated rule requirement regarding Licensed Operators and the operation of a designated Service Oklahoma location, prior to submission of the application. Requirements pertain to both the individual applying and the location for which the individual is applying.

Questions may be directed to the administrative offices of the motor vehicle division of Service Oklahoma.

For the application to be reviewed, the following items must be submitted by the applicant. Incomplete applications will not be reviewed.

1. Fully completed application.
 2. A complete business plan utilizing the template provided, or a substitute that contains the exact information requested in the format provided.
 3. \$100.00 application fee, made payable to Service Oklahoma.
 4. Confirmation of bonding approval, or affidavit of cash bond, in the amount specified for that location. Contact administrative offices of the motor vehicle division of Service Oklahoma for bond amount applicable to the designated Service Oklahoma location identified in your application.
 5. Estimated budget, including number of employees.
 6. Affidavit of compliance with personal computer requirement.
-

Mailing address:

Service Oklahoma
6000 N. Shartel Ave.
Oklahoma City, OK 73118

Telephone:

(405) _____



Business Plan For:

Name of Designated Service Oklahoma location

Submitted by:

Name:

(Last, First, Middle)

Address:

(Street Address)

(City, State, Zip)

Telephone Number:

Email Address:

Executive Summary

Summarize what you intend to do, how and when you intend to do it and how you think you can overcome major obstacles (such as competition).

Highlights

Summarize key agency highlights. For example, you might include expected agency sales, expenses, and net profit.

Objectives

For example, include a timeline of the goals you want to achieve

Mission Statement

If you have a mission statement, include it here. Also include any essential points about your agency plan that are not covered elsewhere in the executive summary.

Keys to Success

Describe unique or distinguishing factors that will help your agency plan succeed.

Description of Agency

Give a positive, concise, and fact-based description of your agency, including what is going to make it unique, competitive, and successful. Describe special features that will make your agency attractive to potential customers and identify your agency's primary goals and objectives.

Company Ownership/Legal Entity

Indicate whether your agency will be a sole proprietorship, corporation (include type) or partnership. If licenses or permits are required, describe the requirements for acquiring them and where you are in the process.

Location

Describe the highlights of your location. If signage is appropriate for your location, are there local ordinances concerning signs that might affect you?

Branding and physical standardization requirements

Confirm you have received a copy of the branding and physical standardization requirements:

Describe how the designated Service Oklahoma location identified in your application will conform to the branding and physical standardization requirements:

Hours of Operation

What are the hours you plan for the location?

- Monday: _____
- Tuesday: _____
- Wednesday: _____
- Thursday: _____
- Friday: _____
- Saturday: _____
- Sunday: _____

Service

Use this section to address the level and means of service provided to customers

Management

How will your background or experience help you make this location a success? How active will you be and what areas of management will you delegate to others? If you location will have employees, describe the chain of command. What training and support will you provide to employees? Will you provide any incentive to employees that will enhance the growth of your location?

Start-up/Acquisition Summary

Summarize key details concerning the starting or acquisition of your location.

MARKETING

Market Analysis

What is your target market? What are the demographics? What is the size of your potential customer base? Where are your customers? How are you going to let them know who you are and what you have to offer? Consider the market, is it growing, shrinking, static? What percentage of the market do you think you will be able to reach? How will you be able to grow your location?

Advertising and Promotion

How do you intend to advertise your location? What advertising and promotion options do you believe will offer you the most success? How will you determine your advertising budget? How will you track the results of your advertising and promotion efforts? Will you advertise on a regular basis or will you be conducting seasonable campaigns?

Strategy and Implementation

Summarize your strategy for the implementation of the elements of your location. Prioritize the steps you must take to open your doors for business. Describe your objectives and how you intend to reach them and in what time parameters? What planning methods will you utilize?

Estimated Expenses

Expense	Amount
Business License	
Rent	
Interior Modifications	
Equipment/Machinery Required:	Amount
Item 1:	
Item 2:	
Item 3:	
Total Equipment/Machinery	
Insurance	
Stationery/Business Cards	
Other (list):	Amount
Item 1:	
Item 2:	
Payroll	
Taxes	
Utilities	
Loan Payments	



2023 PHYSICAL STANDARDS

Licensed Operators

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OVERVIEW

We are Oklahomans helping Oklahomans

Service Oklahoma physical standards allow licensed operators to deliver an integrated customer experience when engaging with our customers at any location across the state. Presenting a unified experience, professional image and clean facility creates a positive and productive environment for employees and customers.



NEW LICENSED OPERATOR

03

1. Select Location

- Must follow legislative statute 47 O.S. §1140

2. Space Requirements

- Floor Plan Examples
- Waiting Space
- Parking

3. Buildout

- Standard SOK Furniture
- Furniture- Waiting & Office
- Finishes
- Signage & Environmental Graphics
 - Adhere to Brand Standards
- Artwork

4. SOK Attire & Dresscode

EXISTING LICENSED OPERATOR RELOCATION

04

1. Select Location

- Must follow legislative statute 47 O.S. §1140

2. Space Requirements

- Floor Plan Examples
- Waiting Space
- Parking

3. Buildout

- Standard SOK Furniture
- Furniture- Waiting & Office
- Finishes
- Signage & Environmental Graphics
 - Adhere to Brand Standards
- Artwork (new or keep current)

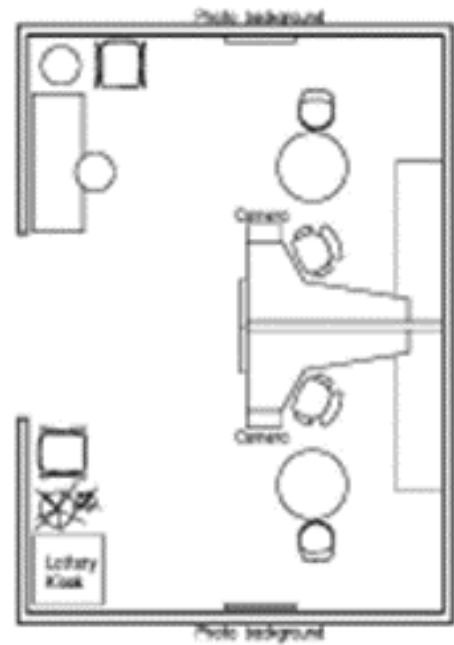
4. SOK Attire & Dresscode



FLOOR PLAN EXAMPLES

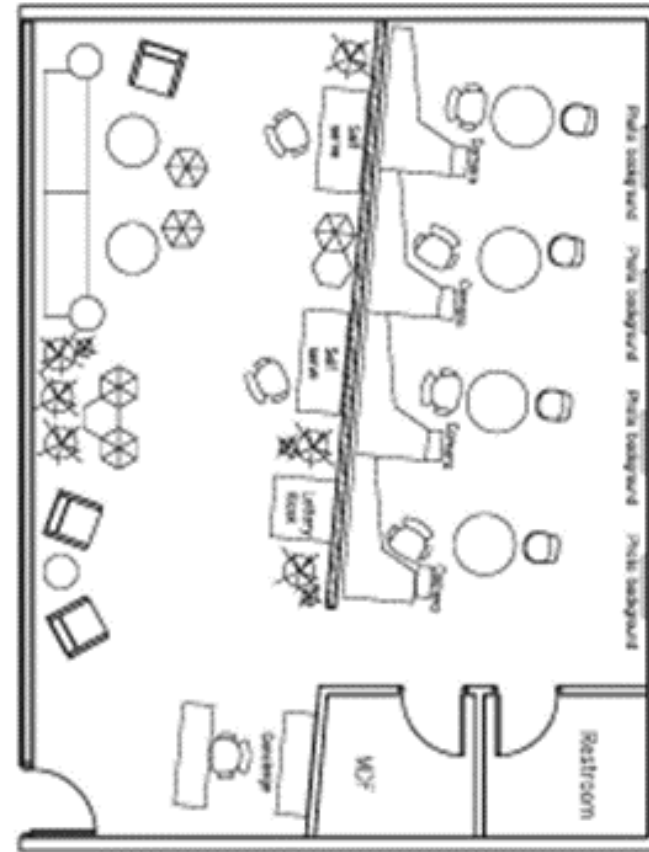
- New locations must meet minimum square footage requirements.

Rural 450 USF



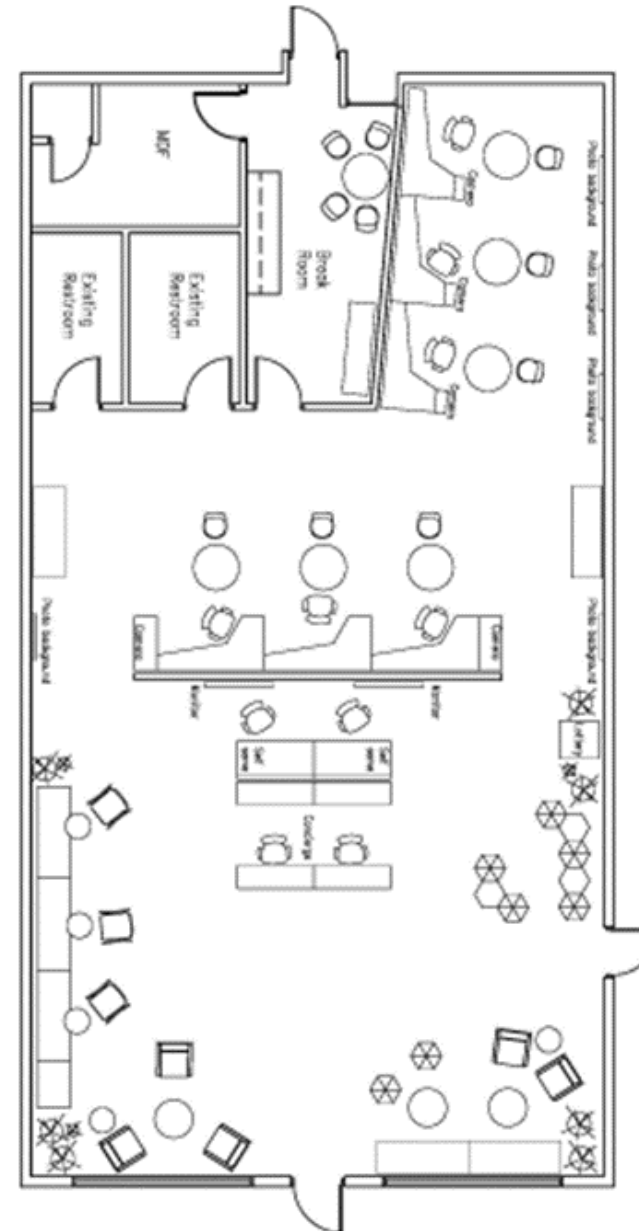
Population of less than 2,500 in the city or town

Suburban 1,200 USF



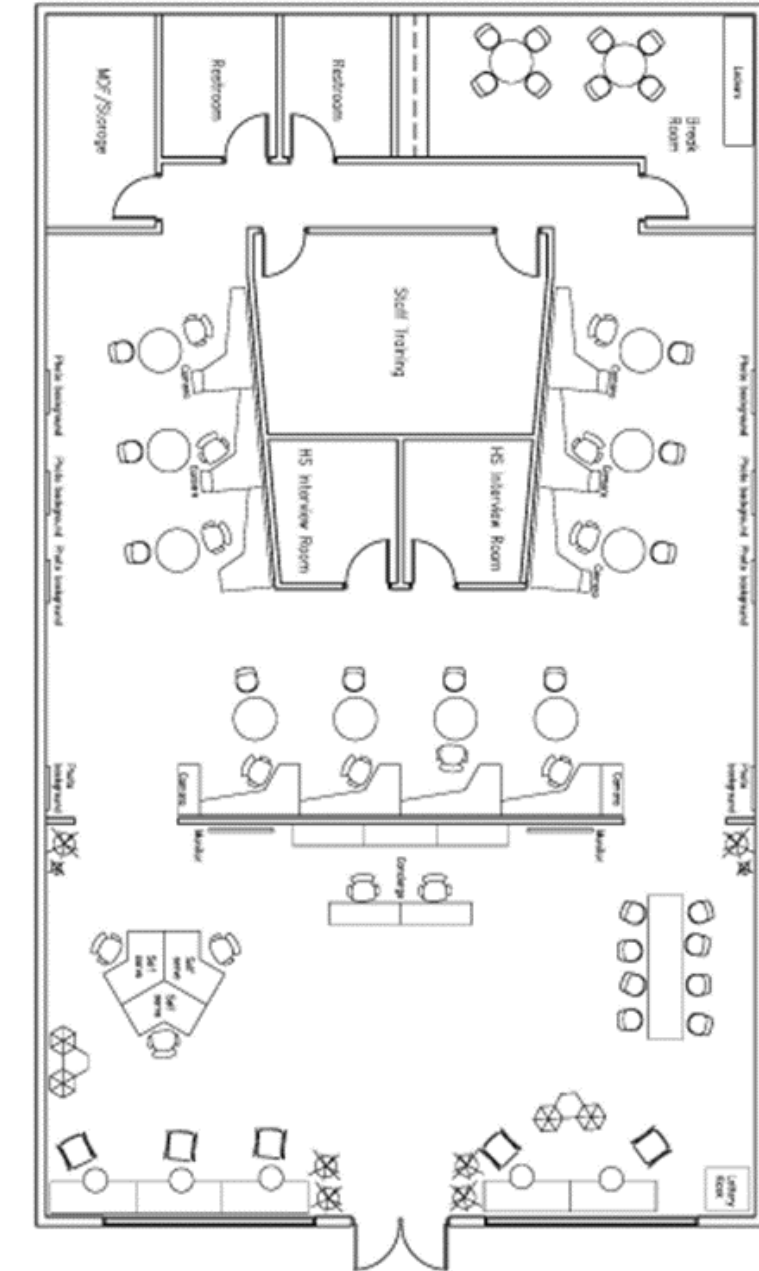
Population between 2,501 to 10,000 in the city or town

Urban 2,500 USF



Population between 10,001 to 40,000 in the city or town

Metro 4,200 USF



Population of 40,001 or more in the city or town

WAITING SPACE

1. Waiting area should feel welcoming and accommodate the broadest possible range of customers
2. Understand optimum number of seating the space will allow
 - The standard is to calculate 20 sq. ft. per person for small seats and 35 sq. ft. per person for a lounge setting
 - If space allows, create seating areas and include a table
3. Create a clear, easy flow of traffic
 - Allow walkways to be 36" for ADA compliance

Required minimum number of seats for each floor plan option

- Rural- A minimum of 8
- Suburban- A minimum of 8
- Urban- A minimum of 15
- Metro- A minimum of 20

PARKING

1. Ratios are determined by allotting one space per 200 sq. ft. or five spaces per 1,000 sq. ft.
2. Must meet ADA compliance with one accessible parking spot per every 25 spaces
 - One out of six accessible parking spaces need to be van accessible
 - Accessible spaces must connect to the shortest possible accessible route to the building entrance
 - Clear signage must be used for accessible parking. From the bottom of the sign, it should be 60 inches from the ground

Parking ratio based on floor plan

- Rural floor plan, 450 USF = minimum two dedicated customer spaces and one ADA space
- Suburban floor plan, 1,200 USF = minimum six dedicated customer spaces and one ADA space
- Urban floor plan, 2,500 USF = minimum 12 dedicated customer spaces and one ADA space
- Metro floor plan, 4,200 USF = minimum 21 dedicated customer spaces and one ADA space

STANDARD SOK FURNITURE

- Existing LO's moving can keep their style of customer desk but must match SOK finishes
- Existing LO's moving can request furniture exemption approved by Operator Board
- Furniture meets intent of SOK
- Furniture ordering contact April Gonzalez

Concierge Desk

Vertical surface Formica Tweedish Indigo



Printer and storage space

Formica-countertop Brittany Blue, vertical surface Tweedish Indigo



Testing Desk

Formica-countertop and vertical surface Brittany Blue



Testing Stations



Coffee bar and storage

Formica-countertop Brittany Blue, vertical surface Tweedish Indigo



Self-Service Desk

Formica-countertop and vertical surface Brittany Blue



Bench

Formica- Tweedish Indigo



Customer Service Desk (view 1)

Formica-countertop Brittany Blue, vertical surface Tweedish Indigo



Customer Service Desk (view 2)

Formica-countertop Brittany Blue, vertical surface Tweedish Indigo



Customer Service Desk (view 2)

Formica-countertop Brittany Blue, vertical surface Tweedish Indigo



STANDARD SOK FURNITURE CONT.

KFI Tabletop Midtown, tabletop color is Stone. Table base is black.
(42x96x41 or 36x72x41)



Triangle Side Table



Sitka Cafe Stool with upholstered seat and poly back, 30" black poly standard, vinyl color is Noble Dove



Oval Coffee Table



Sitka 4 leg chair upholstered seat poly back with casters
Noble Blue Fog vinyl



Staple Malt Chico Chair with matte black 4 legs



Meteor Lounge-Single Clean Out Velatta 4 matte black legs with Nautical vinyl



KCI table base black 36" round top tabletop, color is Stone



Sitka 4 leg chair upholstered seat/poly back without casters with Noble Blue Fog vinyl



FINISHES

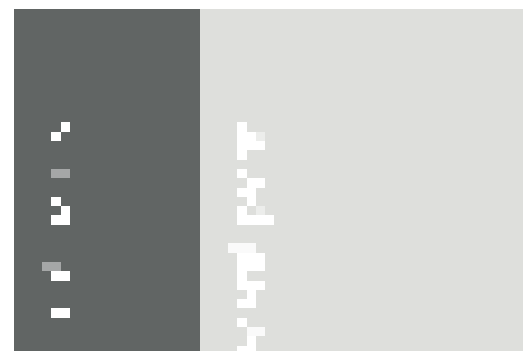
Accent color- SW7019 (left)
Wall color- SW7063 (right)



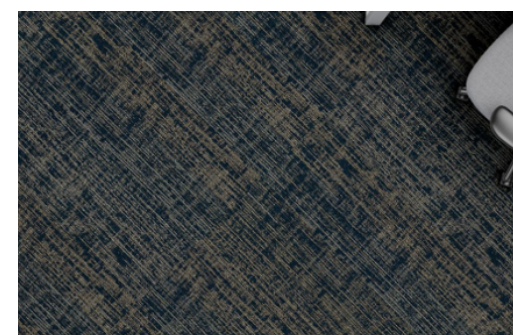
Wall color- SW7022 (left)
Wall color- SW7063 (right)



Accent color- SW2848 (left)
Wall color- SW7063 (right)



Floor-LVT-Mohawk Large &
Local C0128



Carpet-Sabbatical 12BY36-
GT433

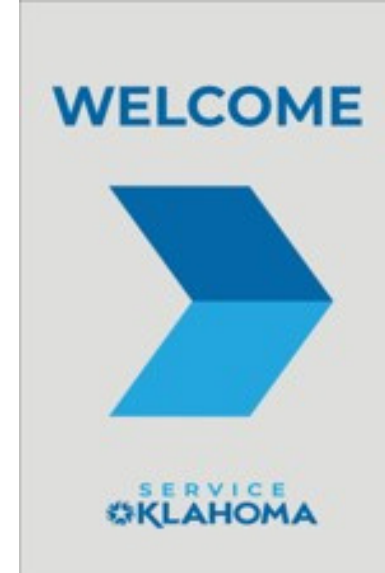
FINISH OPTION SHEET

- Finishes may be selected from the following

<p>FLOOR</p> <p>MANUFACTURER Mohawk Group Mohawk Group Crossville</p>	<p>PRODUCT Sabbatical tile 12BY36-GT433, color Elective-558 Large & Local CO128, 958 Cloudland (9.25"wx59") Java Joint porcelain tile, French Press</p>	<p>LOCATION Flooring Flooring Restroom</p>
<p>WALLS</p> <p>MANUFACTURER Sherwin Williams Sherwin Williams Sherwin Williams Sherwin Williams Crossville</p>	<p>PRODUCT SW 7063 Nebulous White SW 7022 Alpaca SW 7019 Gauntlet Gray SW 2848 Roycroft Pewter Java Joint porcelain tile, Two Sugars</p>	<p>LOCATION Paint/ walls Paint/ walls Paint/ walls Paint/ walls Restroom</p>
<p>MILLWORK</p> <p>MANUFACTURER Wilsonart/Formica Wilsonart/Formica</p>	<p>PRODUCT Tweedish Indigo Brittany Blue</p>	<p>LOCATION Counters/ work surfaces Counters/ work surfaces</p>

SIGNAGE & ENVIRONMENTAL GRAPHICS

- Clear and concise messages
- Separate signage from other businesses
- Provide directional signage to location
- Signage must be approved by Operator Board



SIGNAGE GUIDELINES

BRAND STANDARDS

LOGO AND TYPOGRAPHY

- Signage to be approved by SOK prior to installation



Main Logo



Secondary Logo



Montserrat

Use bold font weight for large headings and signage. Use of medium font weight only in instances when text will remain legible and accessibility compliant.

Heading-Montserrat, 32pt
Subheading-Montserrat, 22pt
Body-Open Sans, 16pt

SIGNAGE GUIDELINES BRAND STANDARDS

COLOR PALETTE

Hex Code #0066A6 CMYK 100-48-0-14 RGB 0-102-166	Hex Code #1CA6DF CMYK 72-17-0-0 RGB 28-166-223	Hex Code #65A3C9 CMYK 19-2-0-0 RGB 101-163-201	Hex Code #CAE7F8 CMYK 19-2-0-0 RGB 202-231-248	Hex Code #F0F2F4 CMYK 5-2-2-0 RGB 240-242-244	Hex Code #787878 CMYK 0-0-0-65 RGB 120-120-120	Hex Code #464646 CMYK 67-60-58-42 RGB 70-70-70	Hex Code #3a3a3b CMYK 0-0-0-77 RGB 58-58-59
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ARTWORK

- Existing LO's moving can request artwork exemption approved by Operator Board
- Artwork meets intent of SOK
- Artwork to be approved by SOK

POSTERS, WALLCHARTS, WALLCOVERINGS, AND PUBLIC NOTICES

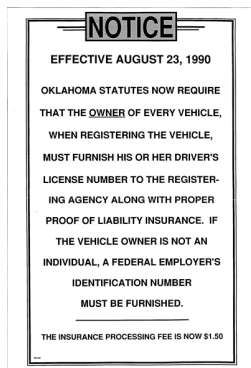
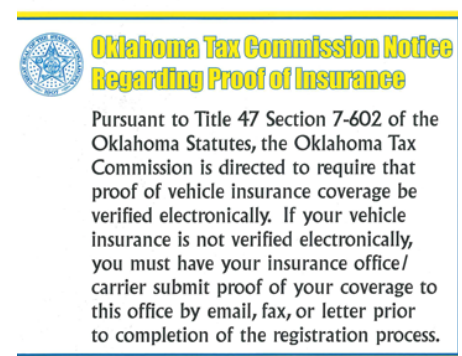
SOK is currently updating display recommendations

Statutes and regulations enforced by the U.S Department of Labor (DOL) require that notices be provided to employees and/or posted in an employee workspace

Example: Min. Wage Poster



Example: Current Public Notice Samples



SOK ATTIRE & DRESS CODE

Option 1- Business Casual

- Employee name badge with first name only
- Collared button-up or polo shirt
- Black/ khaki pants or shorts weather permitting

Option 2- SOK Uniform

Contact SOK if interested in uniforms

- Employee name badge with first name only
- Approved SOK shirt
- Approved pants or shorts
- Approved pullover or jacket