Print Form

OKLAHOMA INSURANCE DEPARTMENT
3625 NW 56th, Suite 100
Oklahoma City, OK 73112-4511
(405) 521-3916 or Fax: (405) 522-3642 Toll Free In-State 800-522-0071

APPROVED TRAINING PROGRAM PARTICIPANT VERIFICATION

In accordance with Title 36 OS 1435.7 _____
Name of Prospective Producer

has participated in _____
Name of Company

approved training program.

Dated this _____ **day of** _____ **,** _____

Company Name: _____
Print Name

Company Rep: _____
Print Name

Company Address: _____

_____

Title (Print): _____

Telephone Number: _____

Physical Address: _____

_____

Email Address: _____

_____
Authorized Signature

Failure to submit this verification will delay processing the prospective producer's application.

Upon completion, please fax this document to the
Oklahoma Insurance Department
Fax Number: 405-522-3642