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

Duplicate License Request Form

Name:_____ **OK License #:**_____

Individual's Social Security number or FEIN if for an agency:_____

Mail Duplicate License to:_____

_____

_____

_____

The address on this form will not update the license record. Address changes within the same state must be processed at www.sircon.com/oklahoma. Address changes from one non-resident state to another non-resident state must be requested in writing.

Phone number to call if we have questions:_____

Reason for duplicate request: _____

_____

Duplicate License Fee is one-half of the license renewal fee.

Check/Money Order #: _____ **Amount:**_____ **Date:**_____

All Fees are deemed "earned and non-refundable" except in accordance with Oklahoma Administrative Code § 365:1-9-17.1.
ATTENTION: We cooperate with the Oklahoma County District Attorney in the prosecution of bogus checks.

(FOR OFFICE USE ONLY)

Processed By: _____ Date: _____

(Rev. 01242011)