

Date:

Oklahoma License Surrender Form

Rev. 01242011

Required

**To: OKLAHOMA INSURANCE DEPARTMENT
ATTN: LICENSING DIVISION
3625 NW 56th, SUITE 100
OKLAHOMA CITY OK 73112-4511**

The official paper license must be surrendered along with written and **signed** notice requesting cancellation of the license **by the licensee**. Agency license surrender must be signed by an owner, officer or partner of the agency. In cases where the official paper license is lost or misplaced, please indicate "license lost" or "license misplaced" on the request for license cancellation. In case of death, official notice posted in the newspaper, a program from the funeral, or a copy of the death certificate must accompany the request for license cancellation.

LICENSEE MUST READ THIS STATEMENT:

The Oklahoma license for Agents/Producers or Adjusters is the legal property of the licensed individual, no matter who paid for the license or training of the individual, **and may not be cancelled or surrendered by anyone other than the licensee**. At termination from the agency/company, voluntary leave from the agency/company, or at any time when the individual requests to have their original paper Oklahoma license, the agency/company must return it to the licensed individual. The licensed individual may continue to hold the license while they search for new employment with another insurance agency/company as long as all other compliance with licensure is maintained.

I have read and understand the above statements, and I Voluntarily Surrender my Oklahoma license without threat or duress from my agency/company.

LICENSEE MUST SIGN HERE TO ACKNOWLEDGE UNDERSTANDING OF THIS STATEMENT

Licensee SIGNATURE, and Title if Agency Licensee: *Required*



PRINT Licensee Name as Shown on the Oklahoma License: *Required, please type or print clearly.*



Check One *Required*

<input type="checkbox"/>	I am Voluntarily Surrendering my Oklahoma individual license # _____
<input type="checkbox"/>	I am Voluntarily Surrendering my Oklahoma agency license # _____
<input type="checkbox"/>	I am Retiring and Voluntarily Surrendering Oklahoma individual license # _____
<input type="checkbox"/>	I have moved from _____ and I am Voluntarily Surrendering my Oklahoma license # _____
<input type="checkbox"/>	I am selling or closing my agency and Voluntarily Surrendering my OK agency license # _____
<input type="checkbox"/>	I do not wish to renew my Oklahoma individual license # _____
<input type="checkbox"/>	I do not wish to renew my Oklahoma agency license # _____
<input type="checkbox"/>	The agency changed FEIN and I am Surrendering Oklahoma license # _____
<input type="checkbox"/>	I am advising the Oklahoma Insurance Department of the death of a licensed individual.
<input type="checkbox"/>	Other: _____

Check One *Required*

<input type="checkbox"/>	My original Oklahoma paper license is attached to this letter.
<input type="checkbox"/>	My original Oklahoma paper license has been lost or misplaced.
<input type="checkbox"/>	I have included official notice posted in the newspaper, a program from the funeral, or a copy of the death certificate for the deceased Oklahoma licensee.

Licensee address, city, state, zip, and contact phone number: *Please type or print clearly.*

Please contact the Oklahoma Insurance Department at 405-521-3916 if you have questions or concerns.