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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

Provisional License Sponsorship Cancellation

PLEASE NOTE

Provisional licensee sponsorship terminates automatically without further communication from the sponsoring agent once the Provisional licensee successfully passes examination and becomes a fully licensed Producer.

Do Not complete this form unless it is for one of the reasons listed below.

Please type or print clearly.

PROVISIONAL LICENSE NUMBER ***(Issued by Oklahoma Insurance Department)***

_____ ***(Indicate "PENDING" if license has not been issued yet.)*** **SS #:** _____

PROVISIONAL APPLICANT/LICENSEE NAME:

_____ _____ _____
(Last) **(First)** **(MI)**

Being duly licensed by the State of Oklahoma Insurance Department, I hereby affix my name below in testimony that I will no longer sponsor or supervise the training of the above mentioned Provisional licensee. This Provisional licensee's sponsorship is to be terminated effective _____.
(Effective Date)

IMPORTANT: If the sponsorship of the provisional applicant/licensee is to be terminated by the sponsoring producer due to an act by the provisional applicant/licensee which violated any provision of Title 36 O.S. § 1435.13, the sponsoring producer must provide a detailed summary of events for each occurring violation. Please attach the summary and submit with this document.

Dated this _____ of _____ 20_____ _____
(Signature of Authorized Sponsoring Agent/Broker)

_____ _____
Sponsoring Agent/Broker (Print) **Sponsor's Title (Print)**

Address: _____ _____
Agent/Broker OK License Number

City: _____

State: **Zip:** **Business Phone:** ( ) **Business Fax:** ( )

FOR INSURANCE DEPARTMENT USE ONLY

Processed by: **Date:**