(REV 020608)

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REQUEST FORM *(Please Print Clearly or Type)*

For Name Change, Address Change, Certification Letter, Clearance Letter

For Address Changes & Certification Letters Visit www.sircon.com/oklahoma

Licensee: _____ **Date** _____

Oklahoma License #: _____ **Individual SS # or Agency FEIN:** _____

Licensee Signature ***(Required)***_____

A. NAME CHANGE to _____

Attach copy of documents (marriage certificate, divorce decree, legal name change, etc.

NOTE: A duplicate license will not be issued with your new name. You must submit a "Duplicate License Request" form and pay a fee of one-half of your license renewal fee.

Visit www.sircon.com/oklahoma to process an ADDRESS CHANGE instantly!

B. Address change from one state to another only effective _____ to:

☐ Business Address ☐ Mailing Address ☐ Residence Address ☐ Mailing Address

_____ _____

_____ _____

_____ _____

Business Phone Number **Fax Number** **Home/Mobile Phone Number** **Fax Number**

_____ _____

Business Email Address **Business Email Address**

_____ _____

The mailing address must be an address the US Post Office recognizes as a valid address where mail can be received for this individual or entity. An actual physical address must be on record as well. **Per Oklahoma Statutes, Title 36, the Commissioner is to be notified within thirty (30) days from the actual date of the address change.**

A new license will not be issued, unless a Duplicate License Request is completed and submitted with one-half of the license renewal fee.

No need to wait for the mail. Visit www.sircon.com/oklahoma to print a CERTIFICATION LETTER instantly!

C. Certification Letter Request for attention of the state of _____.

( ) I have enclosed a $3.00 check/money order # _____ dated _____.

It will expedite the return of your form(s) if you enclose a self-addressed, stamped envelope.

D. CLEARANCE LETTER Request. I have moved to the state of _____.

I surrender my Oklahoma license. I understand my license will no longer be valid upon surrender, and I will no longer be able to transact business in Oklahoma under this license. I understand I must submit proper application and fees to the Oklahoma Insurance Department in order to reapply as a licensed Non-Resident licensee of Oklahoma or a Resident licensee of Oklahoma.

( ) I have enclosed a $3.00 check/money order # _____ dated _____.

( ) I have enclosed my current license. ( ) I have lost or misplaced my current license.

It will expedite the return of your form(s) if you enclose a self-addressed, stamped envelope.

(FOR OFFICE USE ONLY) Date Processed: By: