



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

Name Change or Address Change
REQUEST FORM (Please Print Clearly or Type)

Address Change Requests are required to be submitted electronically at
www.licensing.oid.ok.gov then select Update Address.

Licensee: \_\_\_\_\_ Date \_\_\_\_\_

Oklahoma License #: \_\_\_\_\_ Individual SS # or Agency FEIN: \_\_\_\_\_

Licensee Signature (Required) \_\_\_\_\_

Contact email address (Required) \_\_\_\_\_ We will contact you by email if necessary.

A. NAME CHANGE to \_\_\_\_\_

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

B. ADDRESS CHANGE REQUEST (ACCEPTED ONLY IF ONLINE CHANGE FAILED)

Reason for submitting paper request \_\_\_\_\_

Effective date of move to another state \_\_\_\_\_

Business Address Mailing Address

Residence Address Mailing Address

Business Address fields

Residence Address fields

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.

NOTE: A duplicate license will not be issued with your new name or address change. Allow (10) business days for the information to be processed. You may view and/ or print a new license online from our web page www.licensing.oid.ok.gov refer to the License Tools on the left or submit a Duplicate License Request form and pay a fee of one-half of your license renewal fee to request a new license to be mailed.

(FOR OFFICE USE ONLY)

Date Processed:

By: