



KIM HOLLAND
 Insurance Commissioner
 P.O. Box 53408 – 2401 NW 23, Suite 28
 Oklahoma City, OK 73152-3408

To: _____

Fax: _____

Duplicate License Request Form

Name _____ License #: _____

Address _____
Street Address/P.O. Box City State Zip

Reason for duplicate request: _____

() I am a licensed agent and have enclosed a check or money order in the amount of one-half of license fee.

() I am a licensed adjuster and have enclosed a check or money order in the amount of \$5.00.

Check/Money Order #: _____

State of _____)
) ss
 County of _____)

 Signature

 Notary Public My Commission Expires: _____

Signed this _____ day of _____, _____ [Seal]

(FOR OFFICE USE ONLY)

Date License Last Issued: _____ Processed By: _____

Date Mailed: _____ Date: _____

Was it returned? () Yes () No

Print Date: _____ Mail Date: _____