



OKLAHOMA INSURANCE DEPARTMENT  
3625 NW 56th, STE 100 • Oklahoma City, OK 73112-4511  
[licensing@oid.ok.gov](mailto:licensing@oid.ok.gov) (405) 521-3916 [www.oid.ok.gov](http://www.oid.ok.gov)

## Licensing Division PAYMENT VOUCHER

Check# \_\_\_\_\_

Amount \_\_\_\_\_

OK Lic # \_\_\_\_\_

*(Please Print)*

Name as it appears on OK License: \_\_\_\_\_

OR

Business Name: \_\_\_\_\_

### Contact Information

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Apply Payment to:

- Address Violation
- Name Change Violation
- Shortage for Existing Application
- Duplicate License
- Other: \_\_\_\_\_

Notes to Administrator: \_\_\_\_\_

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*Allow 10 business days for the check to be received and processed. Make a copy of the check for your records since a receipt will not be issued. The OID will contact you by email, at the address provided above, should we need additional information.*