



OKLAHOMA INSURANCE DEPARTMENT

Attn: Bail Bond Division

400 NE 50th Street

Oklahoma City, OK 73105

405.521.6610 Main Line 405.522.6905 Fax 800.522.0071 Toll Free In-State

Name Change Request

(Please Print or Type)

Date _____

Name _____

Oklahoma Bail Bondsman License# _____

Business email address (Required) _____

NOTE: To request a duplicate pocket photo license, mark the line below and submit the Twenty Five Dollar (\$25.00) fee. Allow 5 business days for the requested change to be processed. You may **view and/ or print** a new license certificate from our website, www.bailbonds.oid.ok.gov.

NAME CHANGE to _____

Effective Date of Change _____ (must be supported by documentation)

Documents accepted as proof of name change:

- **Marriage Certificate**
- **Court Order**
- **Divorce Decree**

You are required to update your name information with the Oklahoma Insurance Department within five (5) days after your legal name change. Pursuant to 59 O.S. §1310(A)(23), a licensee must notify the Commissioner of a change of legal name, residence address, business address, mailing address, e-mail address, or telephone number within five (5) days after a change is made.

_____ I request a duplicate pocket photo license.

Enclosed is check or money order, number _____ in the amount of Twenty Five Dollars (\$25.00).

Submit your request by email to Bail.Licensing@oid.ok.gov or by fax to 405-522-6905. If you requested a duplicate photo pocket license, mail your request and payment to the above address.

I hereby certify that, under penalty of perjury, all of the information submitted in this name change request form is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this form may subject my insurance license to administrative action by the Oklahoma Insurance Department, including but not limited to civil fines.

SIGNATURE _____