(REV 01272015)

OKLAHOMA INSURANCE DEPARTMENT
400 NE 50th Street Oklahoma City, OK 73105
(405) 521-3916 or Fax: (405) 522-3642 | Toll Free In-State 800-522-0071

NAME CHANGE REQUEST

(Please Print Clearly or Type)

Date _____

Name _____

Oklahoma License # _____

Contact email address (Required) _____

NOTE: A duplicate license will not be issued with your new name. Allow 5 business days for the requested change to be processed. You may **view and/ or print** a new license online from our web page www.licensing.oid.ok.gov

NAME CHANGE to _____

Effective Date of Change_____ (Date of Marriage, Divorce, Court Order, etc.)

Examples of documents accepted as proof of name change:

- ☐ Marriage Certificate
- ☐ Court Order
- ☐ Divorce Decree
- ☐ Amended Articles (For Resident Business Entities)
- ☐ Driver's License
- ☐ Social Security Card

You are required to update your name information with the Oklahoma Insurance Department within thirty (30) days after your legal name change. Pursuant to 36 O.S. § 1435.8(F), a change in legal name submitted more than 30 days after the change must also include an administrative fee of Fifty Dollars ($50.00). Failure to submit a name change request form to the Oklahoma Insurance Department within forty-five (45) days of the date the administrative fee is assessed may result in further penalties as set out in 36 O.S. § 1435.13

Business licensee: Complete the Name Change Request form, signed by an owner or officer of the business. The legal business name is required to be listed on the license at all times. **You may also use this form to request a "doing business as" (DBA) be added to an existing license.**

ALL POSSIBLE DBA's

_____
_____
_____
_____
_____
_____

Please submit your request by email to Licensing@oid.ok.gov or by fax to 405.522.3642

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 _____