



**Regulated Industry Services
Name, Address and/or Contact Change Request**

Complete this form to request a name, address or contact change. Incomplete forms will be denied. You may upload the completed form to the most recent application filing you submitted via OPTins (*no additional fees required*) or email the form to RIS@oid.ok.gov.

Section 1 – Existing License/Registration information

FEIN: _____ Has the FEIN Changed? Yes ___ or No ___

Entity’s Legal Name as it appears on the license/registration: _____

Check each license/registration that requires the change specified in this form and provide the Oklahoma license/registration number.

Service Warranty License: _____ Home Service Contract Provider: _____

Vehicle Protection Product: _____ Vehicle Value Protection Agreement: _____

Section 2 – Entity Name and EIN

Has the legal name, DBA or assumed name changed? Yes ___ or No ___ **If yes, complete this section:**

New Legal Name: _____

DBA or Trade Name(s): _____

Date the change occurred or became effective: _____

Section 3 – Address

Has the address changed? Yes ___ or No ___ **If yes, complete this section:**

Business: _____ City _____ St _____ Zip _____

Mailing: _____ City _____ St _____ Zip _____

Statutory Home Office: _____ City _____ St _____ Zip _____

Administrative Office: _____ City _____ St _____ Zip _____

Date the change occurred or became effective: _____

Section 4 – Primary Contact

Has the address changed? Yes ____ or No ____ **If yes, complete this section:**

Primary Contact Name & Title _____

Primary Phone # _____ Primary Email: _____

Date the change occurred or became effective: _____

Section 5 - Consumer Complaints Contact Information

This section is required, complete each field.

Entity Name: _____

Contact Person: _____ Title: _____

Mailing: _____ City _____ St _____ Zip _____

Phone # _____ Email: _____

Section 6 - Attestation

By signing the below, I swear under penalties provided by the laws of Oklahoma, that I am authorized to submit this change request on behalf of the applicant, that the information provided in this request is complete, true, and correct to the best of my knowledge, in connection with the Oklahoma registration and license requirements.

Authorized Officer's Name & Title: _____

Authorized Officer's Signature: _____ Date: _____