

OKLAHOMA INSURANCE DEPARTMENT
3625 NW 56th, STE 100
Oklahoma City, OK 73112-4511
Fax: 405.522.3642 or www.oid.ok.gov



Payment Voucher OID Licensing Department

Your Check # _____ Check Amount _____ Oklahoma License # _____

Name as it appears on the Oklahoma license:

First Name _____ Last Name _____

OR

Business Name _____

Contact Information:

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Apply payment to:

Address Violation Name Change Violation Shortage for existing application

Notes to Administrator:

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.