

VERIFICATION OF INSURANCE

If the vehicle identified in the Notice of Suspension was covered by liability insurance, your insurance company or agent must confirm the existence of your coverage.

NAME **DRIVER LICENSE NO:**
Address **DATE OF BIRTH**
City state zip **FR CASE NO**
DATE OF ACCIDENT

VERIFICATION OF INSURANCE

Insurance Carrier: _____	
Policy No. _____	
Vehicle Make _____	Model _____ VIN _____
Policy Coverage Dates: From _____	To _____
I confirm that the above information is true and correct to the best of my knowledge:	
Signature of Authorized Representative: _____	Date: _____
Printed Name of Representative: _____	
Oklahoma Insurance Commission License No. _____	
Telephone No. _____	Fax No. _____

Upon receipt of this form providing proof of valid insurance coverage on the date of the accident or citation referenced in the Notice of Suspension, you will be mailed a letter of clearance or Set Aside Order.

Failure to return this form completed-in-its-entirety will result in the suspension of your driving privileges.

Return to: Department of Public Safety FAX: 405-425-2321
P. O. Box 11415
Oklahoma City, OK 73136-0415