



### 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 Number	Date of Birth
Address		City	State Zip
FR Case Number		Date of Accident	

Insurance Carrier		Policy Number	
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	Printed Name	Date
Oklahoma Insurance Commission License Number	Telephone Number	Fax Number

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 entirety will result in the suspension of your driving privileges.

Return by mail: Service Oklahoma  
PO Box 11415  
Oklahoma City, OK 73136-0415