



Certificate of Licensure for Business Incorporation Request

Fee: \$15.00

This is a request for a Certificate of Licensure for submission to the OK Secretary of State's Office for business formation.

Please Print or Type Name Below (**MUST MATCH LICENSE**):

First Name Middle Name Last Name

Mailing Address (**MUST MATCH ADDRESS ON FILE WITH OBN**)

City State Zip

Phone Number Email Address

Nurse License Number: _____ Type: ☐RN ☐APRN

If APRN, please indicate APRN role title: ☐CNP ☐CNS ☐CNM ☐CRNA

Verification available at this link: <https://okbn.boardsofnursing.org/licenselookup>

By signing below, I CERTIFY that I am the licensee listed above and that the statements contained hereon are true and correct.

Signature: _____
First Middle Maiden Married

Subscribed and sworn to before me this _____ day of _____

20____.

Notary Public Signature

(SEAL)

Commission Expires: _____

Commission#: _____

Mail or deliver this completed form with the fee to OBN for processing.

Mailing Address:

P.O. Box 52926
Oklahoma City, OK 73152

Form RS-61

Physical Address:

2501 N. Lincoln Blvd., Ste. 207
Oklahoma City, OK 73105

Approved: 5/24/21; Revised 9/11/24