



Surrender of License Form Patient and Caregiver Licensees

This form must be submitted by the license holder and returned with the license in person or by mail.

Submit by Mail

Mailed forms and licenses should be mailed to:

OMMA
PO Box 262266
Oklahoma City, OK 73125-2600

Submit in Person

To submit in person, please call 405-522-6662 to make an appointment.

License Holder Information

OMMA License Number: _____

Full Name: _____

Date of Birth: _____

Attestations

By my signature below, I attest that:

- I am the individual listed on the license;
- I wish to surrender my license;
- I understand that application fees are nonrefundable; and
- I understand that this request cannot be reversed.

Signature: _____ Date: _____