



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

# CERTIFICATE FOR INCORPORATION REQUEST

This is a request for a Certificate of Licensure for incorporation purposes for the following nurse:

\_\_\_\_\_  
Name of Licensee License No.

License number available at this link: <https://okbn.boardsfnursing.org/licenselookup>

RN     APRN                       CNP     CNS     CNM     CRNA  
Licensure Type                                      IF APRN, please indicate the APRN role title:

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone Number Email Address

I CERTIFY THAT I AM THE LICENSEE LISTED ABOVE AND THAT THE STATEMENTS CONTAINED HEREON ARE TRUE AND CORRECT.

Signature of Licensee: \_\_\_\_\_  
First Middle Maiden Married

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Commission No. Commission Expiration

(SEAL)

***This affidavit must be accompanied by a non-refundable fee of \$15.00***