PAYMENT VOUCHER/AUTHORIZATION

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 52579 (10-2015)

Date

Name	License Number or NPN		Telephone Number
Address	**City**	**State**	**Zip Code**

Quantity	Item/Description	Amount Due
	Copy of:	
	Certificate/Certification of:	
	Agent/Agency Letter of Certification	
	Duplicate License	
	Open Records Request	
	Producer Renewal Application	
	Producer Initial Application	
	Other (please describe):	
	TOTAL FEES DUE	

Form of Payment

- ☐ Cash
- ☐ Check (make payable to North Dakota Insurance Department)
- ☐ Credit Card (complete form below)

Amount the Commissioner of Insurance is Authorized to Charge to the Credit Card

Charge To ☐ Visa ☐ Mastercard ☐ Discover ☐ American Express

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date ☐☐☐☐ CVV Code ☐☐☐

Name As It Appears on the Card

Signature of Cardholder _____ Date _____

North Dakota Insurance Department
600 East Boulevard Avenue, Dept. 401
Bismarck, ND 58505-0320
FAX (701) 328-4880