



OKLAHOMA State Department of Health

The Oklahoma Bedding License for the following facility expires on _____. Please complete and return this email statement with the **renewal fee of \$5.00**. If there are any changes, mark out the information and write the correct information before mailing a copy of the email statement back with payment. Payments can be made online at the website listed below.

<https://ok.accessgov.com/osdh/Forms/Page/osdh-public/osdh-bedding-permit-application/>

Facility Name: _____
Facility Location: _____
Facility City: _____
Facility State: _____
Facility Zip: _____

Mailing Address: C/O WRS 10612-D Providence Rd., Suite 257
Mailing City: Charlotte
Mailing State: NC
Mailing Zip: 28277
Country: USA

Point of Contact: Worldwide Registration Service (WRS)
Email: wrs@worldwideregistrationservice.com
Phone: (888) 593-2088

If not post marked by July 31, _____, include an additional \$2.50 late fee. Please send questions by email and include the Universal Registry Number(s) for reference CHSLicensing@health.ok.gov.

Mailing Address:

**Oklahoma State Department of Health
Attn: Consumer Health Service
P.O. Box 268815
Oklahoma City, OK 73126-8815**

Respectfully,

Consumer Health Service
Oklahoma State Department of Health