



1001 N.W. 63rd Street, Suite 305
Oklahoma City, OK 73116-7335
Tel: (405) 840-3555 or (800) 347-6552 Fax: (405) 840-8465
www.opprs.ok.gov

APPLICATION FOR PARTICIPATION

CITY OF MEMBERSHIP _____ CITY CODE _____

NAME (Last) _____ (First) _____ (Middle) _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ MALE FEMALE

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE (____) _____ EMAIL _____

ACTIVE MILITARY SERVICE DATES _____ TO _____ (Provide Orders and/or DD-214)

I have been previously employed with the following participating Oklahoma police department(s):

CITY OF MEMBERSHIP

DATES OF EMPLOYMENT

_____ TO _____
_____ TO _____

Participated in the Oklahoma Police Pension and Retirement System? Yes No Previous refund? Yes No

I hereby certify the above information regarding my employment is true and correct; information provided on the physical-medical examination (Form 114) represents a true statement of my health. I have no disabilities which would interfere with the performance of my regular police duties.

APPLICANT SIGNATURE _____ DATE _____

TO BE COMPLETED BY MUNICIPALITY:

I hereby certify that this applicant is entitled to participate in the Oklahoma Police Pension and Retirement System upon initial employment pursuant to 11 O.S. 50-101 et seq.

APPLICANT NAME _____ DATE OF EMPLOYMENT _____

AUTHORIZED CITY SIGNATURE (**Witnessed by Notary**) _____ DATE _____

NOTARY'S SIGNATURE:

STATE OF _____) ss.

COUNTY OF _____

Subscribed and sworn to before me, the undersigned notary, on this the _____ day of _____, 20 _____.

Notary Signature _____ My commission number _____

[SEAL] _____ My commission expires _____