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Oklahoma City, OK 73116-7335  
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**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 DD-214 and/or Orders)

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

CITY OF MEMBERSHIP

DATES OF EMPLOYMENT

_____	_____	TO	_____
_____	_____	TO	_____

I have completed the Physical-Medical Examination (Form 114): Yes  No  Date of Exam? \_\_\_\_\_

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 \_\_\_\_\_