

Oklahoma Police Pension and Retirement System

1001 N. W. 63rd Street, Suite 305
Oklahoma City, Oklahoma 73116-7335
1 (405) 840-3555 / 1 (800) 347-6552
www.opprs.ok.gov

APPLICATION FOR PARTICIPATION (PLEASE PRINT)

CITY _____ CITY CODE _____

SOCIAL SECURITY NUMBER _____ BIRTH DATE _____

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

MAILING ADDRESS _____

CITY, STATE, ZIP _____

E-MAIL ADDRESS (OPTIONAL) _____

TELEPHONE NUMBER (_____) _____ MALE FEMALE

ACTIVE MILITARY SERVICE DATES: _____ TO _____ ATTACH DD214

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

CITY	DATE OF EMPLOYMENT	DATE OF TERMINATION
_____	_____	_____
_____	_____	_____

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 report (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 _____

FOR MUNICIPALITY USE ONLY:

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

APPLICANT'S NAME _____ DATE EMPLOYED _____

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 _____ day of _____, 20 _____.

Notary Signature _____ My commission number _____

[SEAL] _____ My commission expires _____