

**Oklahoma Police Pension and Retirement System**

1001 N. W. 63<sup>rd</sup> 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 \_\_\_\_\_

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 \_\_\_\_\_

**CITY COMPLETION:**

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.

DATE EMPLOYED \_\_\_\_\_

AUTHORIZED CITY SIGNATURE (**Witnessed by Notary**) \_\_\_\_\_

DATE \_\_\_\_\_

**NOTARY'S SIGNATURE:**

STATE OF \_\_\_\_\_ ) ss.

COUNTY OF \_\_\_\_\_ )

Signed and sworn to before me on \_\_\_\_\_, by \_\_\_\_\_  
(Please Print Full Name of Authorized City Signature)

Notary Public \_\_\_\_\_ My commission number \_\_\_\_\_

[SEAL] \_\_\_\_\_ My commission expires \_\_\_\_\_