JOHN D. DOAK
INSURANCE COMMISSIONER
3625 NW 56th STREET, SUITE 100
OKLAHOMA CITY, OK 73112-4511

FROM:_____

_____

_____

_____

CANCELLATION OF APPOINTMENT
Bail Bond

1. Bail Bondsman Lic # _____ Surety Co NAIC#/Prof Lic#/MCA Lic# _____ Date_____

2. _____
(Licensee's Last Name) (First Name) (Middle Name)

3. _____
(Mailing Address) (City) (State) (Zip)

4. Reason for Cancellation_____

_____

5. Does the Surety Co/Prof/MCA plan to take action against this Licensee? _____ If "Yes", explain. _____

_____

6. Does this Licensee have any balance due to the Surety Co/Prof/MCA? _____ If "Yes", explain. _____

_____

7. Are you aware if this Licensee has been convicted of, pled guilty or nolo contendere to, a felony or a misdemeanor involving moral turpitude or dishonesty? _____ If "Yes", explain. _____

_____

8. Has this Licensee committed a violation of any State Bailbond Law, or do you believe that he has violated or may be currently violating any such law? _____ If "Yes", explain. _____

_____

9. What is the total "OUTSTANDING LIABILITY" as of cancellation date? _____

10. Pursuant to 59 O.S. § 1317 (B) the licensee has received notice of the cancellation of appointment. Yes ☐ No ☐

_____ _____
(Authorized Signature of the Surety Company/Professional/MCA) (Title)

_____
(Typed Name)