

**APPENDIX C. APPLICATION FOR ORIGINAL PERMIT
Form PFB-1**

APPLICANT (NAME OF FUNERAL ESTABLISHMENT)

NAME TRUST FUND IS TO BE HELD UNDER

OWNER OF TRUST (PLEASE INCLUDE MIDDLE NAME, BIRTHDATE, SSN)

PERMANENT MAILING ADDRESS OF TRUST

NAME OF PERSON MANAGING TRUST, IF DIFFERENT FROM ABOVE
(PLEASE INCLUDE MIDDLE NAME, BIRTHDATE, SSN)

TELEPHONE NUMBER

GENERAL INTERROGATORIES
(all questions must be answered)

1. Financial Institutions where trust monies will be deposited. A Trust Agreement in a form prescribed by the Insurance Commissioner must be completed for each financial institution where trust monies will be deposited.

Name Address City Zip

Name Address City Zip

2. Designated agents who will be responsible for deposit of funds collected under contracts for prepaid funeral benefits. (Attach an additional sheet if necessary.)

Name Address City Zip SSN

Name Address City Zip SSN

3. Has the owner or any principal employee of the organization been admonished, censored, suspended or fined within the last year by the State Embalmers and Funeral Directors Board for violations involving funeral home activities?

Yes_____ No_____

If yes, explain.

4. Have you or your organization ever applied for a permit from this Department?

Yes_____ No_____

Were you approved or denied?

Approved_____ Denied_____

If denied, what was the reason(s)?

If approved, did your permit lapse, was it sold, or other? Please explain.

5. Have any of the principals (owner, manager, etc.) ever been convicted of a felony or misdemeanor involving moral turpitude?

Yes_____ No_____

If yes, explain.

I, _____, being first duly sworn, state that I have read the within and foregoing application and that the answers supplied by me therein are true and correct to the best of my knowledge and belief and further that I will comply with the Prepaid Funeral Benefit laws of Oklahoma and the Rules of the State Insurance Commissioner in all my conduct under the permit.

STATE OF _____)
) ss.
COUNTY OF _____)

Signature of Applicant Date

Notary Public My Commission Expires

[Source: Revoked and reenacted at 10 Ok Reg 1507, eff 5-1-93; Revoked and reenacted at 22 Ok Reg 2045, eff 7-14-05]