## AFFIDAVIT

STATE OF OKLAHOMA)))SS)

This affidavit prepared pursuant to 59 O.S. §1317(C). I, \_\_\_\_\_,

of lawful age, being duly sworn under oath and under penalty of perjury, depose and state: That no forfeitures are owed to any court, no fines or fees are owed to the Insurance Department, and no premiums or indemnification for forfeitures or fines are owed to any insurer, insureds, or others received in the conduct of business under the license. I understand that if any statement made on this affidavit is found to be false, the Commissioner may deny my appointment, apply the sanctions set forth in 59 O.S. §1310, or both.

Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

Notary Public

My Commission Expires: \_\_\_\_\_

Seal

Commission Number:

11/01/2014



## GLEN MULREADY, INSURANCE COMMISSIONER 3625 NW 56TH STREET, SUITE 100, OKLAHOMA CITY , OKLAHOMA 73112-4511

## ALL FEES ARE BY LAW DEEMED EARNED AND NON-REFUNDABLE

Appointment is valid until canceled. Appointment fee is \$10.00.

		BAIL BOND		
ENTER BAIL BONDS	MAN LICENSE NUMBER		PLEASE ENTER	
Bail Bondsman:			Amended Appt.	
(Last)	(First)	(Middle)		
Mailing Address:				
County: Surety Co NAIC # / Prof Lic # / MCA Lic#				
County: SURETY COMPANY/PROFESSIONAL/MULTI COUNTY AGENT ENDORSEMENT				
SURE	TY COMPANY/PROFESSI	ONAL/MULTI COUNTY A	Yes No	, ,
<ol> <li>Are you aware if the Bail Bondsman has been convicted of, pled guilty or nolo contendere to, a felony or a misdemeanor involving moral turpitude of dishonesty? If answer is "Yes", explain on a separate sheet of paper.</li> </ol>				]
2. Has this Bail Bondsman committed a violation of any State bail bond Law, or do you believe that he (she) has				1
violated or may be currently violating any such law? If answer is "Yes", explain on a separate sheet of paper.				
Oklahoma Bail Bondsman) through which Bail Bondsman will be working.				
4. Included is a qualifying power of attorney for the agent to act under my Professional or Multi County Agent license.				]
5. I have investigated his (her) character and background and am satisfied that he (she) is trustworthy and qualified to represent the Surety Company/Prof/MCA in Oklahoma. I hereby certify the individual named above is duly appointed as indicated from the date accepted by the Insurance Department, and I accept full responsibility for his/her actions.				
6. Must include an affidavit from the Bail Bondsman regarding premiums, forfeitures and fees. See 59 O.S. 1317(C).				
Dated this da	ay of,		(Signature Agent)	
Surety Co/Prof/MCA				
Mailing Address		(Authori	zed Signature of Surety Co/Prof/MCA)	-
		Name (Pri	nt)	
Check No	for \$	Title (Print)	)	
FOR INSURANCE DEPARTMENT USE ONLY				
NOT APPROVED FOR THE FOLLOWING REASON:				
A. Not Licensed for				
B. Items(s)on Surety Company/Prof/MCA Endorsement unanswered. C. Signature on Company/Professional/MCA Endorsement not authorized.				
D. Other:				
IF THIS APPOINTMENT IS DISAPPROVED FOR ANY REASON, A NEW BR-11 AND FEE ARE REQUIRED.				
			Accepted Returned	ł
REV. 01/16/2019	Processed by:		Date	
FORM BR-11				