

RENEWAL OF CEMETERY MERCHANDISE PERMIT

As required by Title 36 O.S. Section 7125. Due on or before March 15

**Submit with a check for \$200 to:
Oklahoma Insurance Department
3625 NW 56th Suite 100
Oklahoma City, OK 73112
(405) 521-3966**

Date: _____

The following named organization hereby applies for renewal of a permit for the following named cemetery to engage in the sale of prepaid cemetery merchandise as provided for in the Oklahoma Cemetery Merchandise Trust Act, Title 36 O.S. section 7121 through 7135.

1. Name of Organization: _____
(legal name of organization)

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____ Fax Number: _____

Person to contact regarding this Application: _____

E-mail address of person to contact regarding this Application: _____

2. Name of Cemetery/Permittee (if different than that of the Organization): _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____ Fax Number: _____

3. If the Organization maintains a trust fund for cemetery merchandise, please provide:

Name of Financial Institution/Trustee: _____

Address of Financial Institution/Trustee: _____

Name and Phone Number of Trust Officer: _____

E-mail Address of Trust Officer: _____

4. If the Organization purchased a surety bond in lieu of the trust requirements, please provide:

Name of Surety Company: _____

Address of Surety Company: _____

Name and Phone Number of Issuing Agent: _____

E-mail Address of Issuing Agent: _____

5. Were any agents, employees, officers, directors or personnel of the cemetery/permittee terminated, fired, requested to resign or have resigned their position since the last Application? _____Yes _____No

If yes, attach a statement identifying such person(s) and state specifically the circumstances related to the same.

6. If the Applicant experienced **any change** in ownership or control since the last application for renewal, attach a statement as to what change has occurred, *i.e.*, the identities of the owners, amount of ownership of each, the previous ownership (identity and amount). When identifying owners, state their full name, their home and business addresses, and telephone numbers.

7. List the names of the Area General Manager and Area Sales Manager.

8. List the names of the General Manager, Sales Manager and Office Manager of the Cemetery.

9. Attach as Exhibit "A" a current and correct list of the officers/partners/trustees of the cemetery/permittee applying for a renewal permit.

All statements made herein are warranted true and correct and are given as a basis for issuance of the permit under the Cemetery Merchandise Trust Act. I, the Applicant, hereby agree to comply with all requirements of the Cemetery Merchandise Trust Act and Rules of the Oklahoma Insurance Commissioner.

Signature

Print Name

Title

Exhibit "A"

List of Officers/Partners/Trustees

(If there have been any changes from the last Application, please state so by writing "NEW" next to the name).

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

Title: _____ Title: _____ Title: _____

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

Title: _____ Title: _____ Title: _____

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

Title: _____ Title: _____ Title: _____

(Attach additional pages if necessary)

I am personally acquainted with the above-named individuals and hereby certify that they are over twenty-one years of age, of good moral character, enjoy a reputation for honesty and integrity, and they have never been charged with any fraudulent or dishonest act or the commission of any crime or been convicted of any crime and confined in any institution therefor.

By: _____
Signature

(Note: This page cannot be signed by any person listed above).

State of _____
County of _____

Signed and sworn to before me on _____, by _____.

Commission Expires: _____ Notary: _____
Commission Number: _____

[seal]