

**GLEN MULREADY**  
**INSURANCE COMMISSIONER**  
400 NE 50th Street  
Oklahoma City, OK 73105



**FROM:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CANCELLATION OF APPOINTMENT

1. Bail Bondsman License #: \_\_\_\_\_ Surety Co NAIC #/ Prof Lic #/ MCA Lic #: \_\_\_\_\_ Date: \_\_\_\_\_
2. Name (Last, First, Middle): \_\_\_\_\_
3. **Mailing** Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
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 Bail Bond Law, or do you believe that he/she 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

\_\_\_\_\_  
(Authorized Signature of Surety Co/Prof/MCA)      Print Name: \_\_\_\_\_  
Print Title: \_\_\_\_\_

### **-OKLAHOMA INSURANCE DEPARTMENT USE ONLY-**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_  
County: \_\_\_\_\_