



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: _____