APPENDIX I. APPLICATION
FOR RENEWAL OF PERMIT [REVOKED]
Form PFB-2

_____
Name of Trust Fund

_____
Address

Hereby makes application for a renewal of permit number _____ from the State of Oklahoma for the year of 19___ to operate a Prepaid Funeral Benefits Trust Fund as authorized by Title 36 Oklahoma Statutes 1991, Section 6121 et seq.

The applicant agrees to comply with all requirements of the Prepaid Funeral Benefits laws, 36 O.S. (1991), §§6121-6136.

The following are currently designated as agents who will be responsible for deposits of funds collected under contracts for prepaid funeral benefits: (attach additional sheet if necessary)

_____	_____	_____
name	address	city / zip
_____	_____	_____
name	address	city / zip

A valid cash bond, letter of credit or fidelity bond is currently on file with the Insurance Commissioner in the amount of $_____ as required by 36 O.S. (Supp.1991), §6125(I).

Dated this ____ day of _____, 19___, at _____.

_____
Signature

_____
Title or Position

Signed or attested before me on this ____ day of _____, 19___.

_____
Notary Public

My Commission Expires:
_____

[**Source:** Revoked and reenacted at 10 Ok Reg 1507, eff 5-1-93; Revoked at 25 Ok Reg 1660, eff 7-14-2008]