



# Oklahoma Firefighters Pension and Retirement System

4545 N. Lincoln Blvd., Suite 265  
Oklahoma City, Oklahoma 73105-3407  
1-800-525-7461 · (405) 522-4600 · Fax (405) 522-4643  
www.okfirepen.state.ok.us



## EMPLOYEE ENTRANCE APPLICATION

**Firefighters are entitled to member benefits under the pension system only upon receipt of this application in the pension office. Do Not wait until the probation period has ended to send in the Form 13.**

Dept \_\_\_\_\_ Social Security Number \_\_\_\_\_

County \_\_\_\_\_ Code \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
(as shown on current social security card)

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Status: Paid \_\_\_\_\_ Volunteer \_\_\_\_\_  
mo. day yr.

Have you previously served on this or any other fire department in Oklahoma? If yes, list department(s) below.

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Pd. \_\_\_\_\_ Vol. \_\_\_\_\_  
(city)

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Pd. \_\_\_\_\_ Vol. \_\_\_\_\_  
(city)

(For Office Use Only -- Total Additional Service Time: \_\_\_\_\_  
yrs. mo. days

Have you ever received a Refund of Contributions from the Firefighters Pension & Retirement System? \_\_\_\_\_  
If Refund was received, it must be returned (plus ten percent interest from date of withdrawal) in order for previous service time to count towards retirement.

Have you ever served in the armed forces of the United States? If so, submit a copy of your service record including date of entry, date of discharge, and proof of an honorable discharge.

Spouse's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Marriage Date \_\_\_\_\_

child's name \_\_\_\_\_ mo. day yr. child's name \_\_\_\_\_ mo. day yr. child's name \_\_\_\_\_ mo. day yr.

child's name \_\_\_\_\_ mo. day yr. child's name \_\_\_\_\_ mo. day yr. child's name \_\_\_\_\_ mo. day yr.

Signature \_\_\_\_\_  
Applicant

Date Hired: \_\_\_\_\_  
Fire Chief

**MUST BE COMPLETED, SIGNED AND NOTARIZED  
ON REVERSE SIDE**

# RELEASE OF INFORMATION FOR PAID AND VOLUNTEER MEMBERS

I, \_\_\_\_\_, authorize the Oklahoma Firefighters Pension and Retirement Board ("Board") to conduct a physical examination, as required by 11 O.S. §49-116, in order for me to participate in the retirement system and qualify to receive any pension benefits, if applicable. Further, I consent to the release of the examination results, and any other information, including but not limited to medical information relating to the existence of my disability, if any, or any other information related to my pension benefits, to personnel authorized by the Board, participating employer, local pension board, physicians or medical personnel selected by the Board, and to Board members, for appropriate review and the determination of disability or regular pension benefits.

\_\_\_\_\_  
Applicant

State of Oklahoma )

County of \_\_\_\_\_ )

I hereby certify that the above and foregoing release was executed by \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ .

My commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_

**PLEASE ENCLOSE:**

**FORM 11: DESIGNATION OF RECEIPT FOR DEATH BENEFIT**

**SSA - 1945: STATEMENT CONCERNING YOUR EMPLOYMENT IN A JOB NOT COVERED BY SOCIAL SECURITY**

**AGILITY TEST**

**\$60 CHECK FOR VOLUNTEER APPLICATIONS\* (UNLESS DEPARTMENT IS AN APPROVED EXEMPT DEPARTMENT)**

**Return to: OKLAHOMA FIREFIGHTERS PENSION AND RETIREMENT SYSTEM  
4545 N. Lincoln Blvd., Suite 265  
Oklahoma City, OK 73105-3407**

**\*\$60 check is to cover first calendar year of required volunteer contributions, failure to remit check will result in a return of this application.**

