



GPS MONITORING PROVIDER INFORMATION FORM

Provider Qualification & Service Information

Purpose: Please complete this form to provide information regarding your GPS monitoring services. The information will be used by the Oklahoma Department of Corrections to identify and maintain a list of GPS monitoring providers and available capabilities.

PROVIDER INFORMATION

Company/Provider Name:

Primary Contact / Title:

Address/City/Zip Code

Phone / Email:

Website:

Service Area:

☐ Statewide ☐ Specific Counties: _____

GPS MONITORING SYSTEM

Manufacturer/ Model:

Device Type:

☐ Ankle Monitor ☐ Wrist-Worn Device ☐ Other: _____

EXCLUSION & INCLUSION ZONES

Exclusion Zones:

☐ Yes ☐ No

If yes, please describe: _____

Inclusion Zones:

☐ Yes ☐ No

If yes, please describe: _____

VICTIM NOTIFICATIONS**Violation Alerts:**☐ Yes ☐ No**Notification Methods:**☐ App ☐ Text ☐ Phone ☐ Email ☐ Other: _____**Victim Cost:**☐ No Cost ☐ Fee Applies — Explain: _____**FEES & COST****Setup / Activation Fee:**

\$ _____

Daily Monitoring Fee:

\$ _____

Monthly Monitoring Fee:

\$ _____

Security Deposit:☐ Yes ☐ No

If yes, how much: \$ _____

Deposit Refundable?☐ Yes ☐ No

If yes, conditions of refund: _____

Deposit Return Timing:

Other Fees / Mileage:

Responsible Party:☐ Offender/Defendant ☐ Court ☐ Other: _____**ADDITIONAL INFORMATION**

PROVIDER CERTIFICATION**Representative Name:**

Signature:

Date:

Please return the completed form to shelby.shelton@doc.ok.gov.