



Oversize Mover Contractor Registration

Company Name: (Please print)

Contractor Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

P. O. Box/Physical address/Corporate address (if different than above):

City: _____ State: _____ Zip: _____

Phone No: _____ Phone No: _____

E-mail Address: _____

Requirements

1. Copy of current certificate of General Liability insurance showing your business name and address (needs to be same as above)
2. *If a third party permitting company is applying for oversize load permits on behalf of the Moving Company, a letter of authorization is required from the Moving Company including dates the third party will be responsible for pulling permits and an original signature from an authorized person at the registered Moving Company.*
3. Copy of the contractors Driver's license

Mailing address:

City of Broken Arrow
Community Development
P. O. Box 610
Broken Arrow, OK 74013
Phone: 918.259-8333 x 0
Fax: 918.258-4998
buildpermits@brokenarrowok.gov