



General 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
 - a. showing your business name and address (needs to be same as above)
 - b. City of Broken Arrow MUST be listed as the Certificate Holder
 - c. minimum \$50,000.00 coverage
2. Copy of current certificate of Worker’s Comp., or Affidavit of Exemption (for affidavits see below)
3. The City of Broken Arrow MUST be listed as the Certificate Holder on your certificate/s of insurance
4. 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

Affidavits of Exemption Status under the
 Administrative Workers’ Compensation Act
**OKLAHOMA WORKERS
 COMPENSATION COMMISSION:**
 210 Kerr State Office Bldg
 440 S Houston
 Tulsa OK 74127
 918.295-3732
www.ok.gov/wcc
 1915 N Stiles Ave #231
 Oklahoma City OK 73105
 405.522-3222 855.291-3612