## AFFIDAVIT OF EXEMPTION FROM WORKERS COMPENSATION ACT IN CONSIDERATION OF RESIDENTIAL APPLICATION(S) FOR A PERMIT(S)

STATE	OF OKLAHOMA ) ss.	
COUNT	Y OF TULSA )	
FIRM, O	CORPORATION, OR LIMITED LIABILITY	COMPANY
1.	I am the(title) of name of company) ("Company"). As such, I am au	(exact legal thorized to speak for the Company.
2.	The State law requires Company to maintain vinsurance in accordance with the Workers' Co "Act").	workers' compensation and employer's liability impensation Act, Title 85, O.S. § 1 et seq. (the
3.	Company does not have employees for whom it is obligated to pay compensation as set forth in the Act, or the Company itself is exempt from the Act. If Company hires employees at any time for whom it is obligated to pay compensation as set forth in the Act, it will comply with the Act by obtaining workers' compensation and employers' liability insurance for those employees, unless the Company itself is exempt from the requirements of the Act.	
4.	I understand that if it is determined any statement made herein was made with the intent to injure, defraud or deceive the City of Tulsa, Company will be subject to the sanctions imposed by law.	
5.	The City does not know if you are exempt from the requirement of Workers' Compensation and does not offer an opinion. You should seek independent advice if you have not done so already and before you submit a claim to be exempt.	
		Signature
		Signature
Signed a	and sworn to before me on this day of	
		Notary Public
My com	mission expires:	
My com	mission number:	