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

STATE OF OKLAHOMA)) ss. COUNTY OF TULSA) INDIVIDUAL DOING BUSINESS AS:			
		I,	, state under oath as follows:
		1.	I am an individual doing business as
2.	The State law requires me to maintain workers' compensation and employer's liability insurance in accordance with the Workers' Compensation Act, Title 85, O.S. § 1 et seq. (the "Act").		
3.	I do not have employees for whom I am obligated to pay compensation as set forth in the Act, or I am exempt from the Act. If I hire employees at any time for whom I am obligated to pay compensation as set forth in the Act, I will comply with the Act by obtaining workers' compensation and employers' liability insurance for those employees, unless I am 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, I 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		
Signed	and sworn to before me on this day of, 20		
	Notary Public		
My com	nmission expires:		
My com	nmission number:		