



The exemption from the Workers' Compensation Act provided in 85A O.S. § 2(18)(b)(4) applies only to employers who are natural persons, such as sole proprietors, and does not apply to employers who are entities created by law, including but not limited to corporations, partnerships and limited liability companies.

PROJECT

Dated this ____ day of _____ in the year 20__.

Between the Owner: State of Oklahoma OMES CAM CAP P.O. Box 53448 Oklahoma City, OK 73152-3448	On behalf of the Using Agency:
CAP project number	Project name

CONTRACTOR/CONSTRUCTION MANAGER/DESIGN-BUILDER

Company name	Email
Address	Phone
Is this a d/b/a (doing business as)? <input type="checkbox"/> Yes <input type="checkbox"/> No	EIN/TIN

CLAIMED EXEMPTION(S)

Title 85A, Section 2 (18)(b)(4)

Other:

AFFIRMATION AND SIGNATURE

I, the undersigned, hereby solemnly swear or affirm, under penalty of perjury, that I am exempt from the Oklahoma Workers' Compensation Act and hereby waive any claim against the State of Oklahoma, including but not limited to, the Owner and the Using Agency, and/or their agents, and I assume all responsibility for accidents, injuries or losses incurred by me or one of my employees, subcontractors or suppliers while in connection with any activity conducted with performance of the contract for construction, thereby releasing the aforesaid from any responsibility under the Workers' Compensation laws of the State of Oklahoma.

Authorized signature	Date
Printed name	Title