



Complete this document after the state purchasing director has approved the Request for Exemption from Competitive Bidding Form (OMES CP FORM 082).

**GENERAL INFORMATION**

State agency name	Brief description of acquisition
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**Supplier**

Company name	FEI/SSN
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Address

Contact name	Title
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Phone	Email	Fax	Website
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**REGISTRATION WITH THE OKLAHOMA SECRETARY OF STATE**

Yes. Filing number

No. Prior to the contract award, the supplier is required to register with the Secretary of State or must attach a signed statement that provides specific details supporting the supplier's claimed exemption ([sos.ok.gov](http://sos.ok.gov) or 405-521-3911).

**WORKERS' COMPENSATION INSURANCE COVERAGE**

Bidder is required to provide with the bid a certificate of insurance showing proof of compliance with the Oklahoma Administrative Workers' Compensation Act.

Yes. Include a certificate of insurance with the bid.

No. Exempt from the Administrative Workers' Compensation Act pursuant to 85A O.S. § 2(18)(b)(1-11). (Attach a written, signed and dated statement on letterhead stating the reason for the exempt status. For frequently asked questions about workers' compensation insurance, visit [www.ok.gov/wcc/Insurance/index.html](http://www.ok.gov/wcc/Insurance/index.html).)

**DISABLED VETERAN BUSINESS ENTERPRISE ACT**

Yes. I am a service-disabled veteran business as defined in 74 O.S. § 85.44E. Include with the bid response: 1) certification of service-disabled veteran status as verified by the appropriate federal agency, 2) verification of not less than 51% ownership by one or more service-disabled veterans, and 3) verification of the control of the management and daily business operations by one or more service-disabled veterans.

No. I do not meet the criteria as a service-disabled veteran business.

**CONTRACT ATTACHMENTS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**SUPPLIER SIGNATURE**

**Summation**

This contract constitutes the entire agreement and understanding between the parties and supersedes all prior and/or contemporaneous discussions, representations or contracts (whether written or oral) of the parties relating to the work to be performed.

Authorized representative name	Authorized representative title
Authorized representative signature	Date