



**CONSTRUCTION INDUSTRIES BOARD**  
 2401 NW 23<sup>rd</sup>, Suite 2F  
 OKLAHOMA CITY, OK 73107  
 TELEPHONE: (405) 521-6550 TOLL FREE: 1-877-484-4424  
 Web site: <http://www.cib.ok.gov>

**Initial/Renewal Application for Roofing Contractor Registration and, if applicable, Commercial Endorsement**

• AMOUNT DUE FOR INITIAL ROOFING CONTRACTOR REGISTRATION:	\$75.00
• AMOUNT DUE FOR RENEWAL REGISTRATION:	\$75.00
• LATE FEE FOR RENEWAL OF A ROOFING REGISTRATION OVERDUE 31 TO 60 DAYS AFTER BIRTH MONTH:	\$100.00
• LATE FEE FOR RENEWAL OF A SUSPENDED REGISTRATION OR REGISTRATION OVERDUE MORE THAN 60 DAYS:	\$150.00
• REINSTATEMENT FEE FOR RENEWAL OF A REVOKED ROOFING REGISTRATION:	\$300.00
• AMOUNT DUE FOR INITIAL COMMERCIAL ENDORSEMENT (includes application fee):	\$230.00
• AMOUNT DUE FOR RENEWAL OF COMMERCIAL ENDORSEMENT:	\$100.00
• LATE FEE FOR COMMERCIAL ROOFING CONTRACTOR ENDORSEMENT RENEWAL OVERDUE AFTER QUALIFYING PARTY'S BIRTH MONTH 31 DAYS TO 1 YEAR:	\$100.00

**ALL APPLICABLE FEES MUST ACCOMPANY APPLICATION:**

Make remittance payable to the CONSTRUCTION INDUSTRIES BOARD (CIB)

Instructions:

1. Return completed application with required registration fee and all applicable fees (endorsement fee, late fee(s), reinstatement fee, etc.) to address listed above.
2. Provide the following information with the application:
  - a. Certificate of General Liability Insurance: Minimum \$500,000.00 for Roofing Contractor Registration; Minimum \$1,000,000.00 for Roofing Contractor Registration and Commercial Endorsement (**REQUIRED:** Construction Industries Board must be listed as a certificate holder and the policy must have sufficient information to demonstrate that the policy specifically covers roofing work.)
  - b. Proof of securing workers' compensation coverage or satisfactory proof of exemption from the Worker's Compensation Commission or self-insurance as authorized under the Workers' Compensation Act. **Certificate of Workers' Compensation Insurance will be required for all registrations with commercial endorsements. (REQUIRED:** Construction Industries Board must be listed as a certificate holder.)
  - c. Every applicant's business name must currently be registered with the Oklahoma Secretary of State (405) 521-4211. You must submit at least one of the following documents issued by the Oklahoma Secretary of State:
    - Certificate of Record of Trade Name
    - Certificate of Record of Fictitious Name
    - Certificate of Good Standing (**\*Must be updated annually\***)
  - d. Information on the legal business entity including, but not limited to, the articles, organizational agreements or documents establishing the legal business entity, and a list of the officers, members, managers, partners, or other managing agents of the legal entity. (**\*Initial Applications only unless requested by the Registrar\***)
  - e. Affidavit verifying lawful presence in the United States.
  - f. Any other additional information as requested by the Registrar.

**Certificate Holder must be shown as:**  
 Construction Industries Board  
 2401 NW 23rd Street, Suite 2F  
 Oklahoma City, OK 73107

**For timely processing please include the following:**  
 [Qualifying Party Name]/[Business Name] [Registration No.]  
 [Business Address]  
 [City], [State] [ZIP Code]

## ROOFING CONTRACTOR REGISTRATION

- *All qualifying parties must be at least eighteen (18) years of age or older.*
  - *All qualifying parties must be an officer or owner of the corporation, a member of the limited liability company, or a general partner of the limited liability partnership, who is actively engaged in the work undertaken by the registrant for which a registration is required pursuant to the Roofing Contractor Registration Act and who meets the experience and ability requirements for registration on behalf of the registrant. See 59 O.S § 1151.2 (12).*
  - All registrations and commercial endorsements shall be nontransferable.
  - It is unlawful for any person to act as a roofing contractor without having a current and valid roofing contractor's registration, or act as a commercial roofing contractor without a current and valid commercial endorsement issued, pursuant to the Roofing Contractor Registration Act.
- \* Roofing contractors who do not perform commercial roofing contractor work and only perform residential roofing contractor work do not need to obtain a commercial endorsement. \*
- ***REQUIREMENT: YOU MUST FIRST OBTAIN and/or HAVE AN OKLAHOMA ROOFING CONTRACTOR REGISTRATION THAT IS IN GOOD STANDING BEFORE APPLYING FOR A COMMERCIAL ROOFING CONTRACTOR ENDORSEMENT.***

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## COMMERCIAL ENDORSEMENT

Once the Construction Industries Board has approved your application, the qualifying party's information will be submitted to PSI for testing information. You will receive notification from PSI on study reference material, testing fees, testing sites and testing dates. You may contact PSI directly by phone at 1-800-733-9267 or online at [www.psiexams.com](http://www.psiexams.com). *Exam fees are paid directly to PSI when you schedule your test.*

- **All commercial endorsement applicants are required to pass the Oklahoma Commercial Roofing Contractor Endorsement exam, which includes a technical trade portion and a business and law portion, to gain a commercial endorsement on their registration.**
- Any applicant initially failing to pass the examination shall not be permitted to take another examination for a period of thirty (30) days. Any applicant subsequently failing to pass the examination shall not be permitted to take another examination for a period of ninety (90) days.

### WORKER'S COMPENSATION INSURANCE

All commercial roofing contractors shall maintain worker's compensation insurance coverage satisfactory under the Workers' Compensation Act and pursuant to Title 59 § 1151.22 on all commercial roofing contractor work.

### CONTINUING EDUCATION:

Roofing Contractors holding a Commercial Endorsement must complete at least four (4) hours of continuing education every three (3) years or thirty-six (36) months. An endorsee is excluded from the continuing education requirement for three (3) years from the date he or she passed their current endorsement exam.

***NOTE: Any commercial endorsement which remains expired for longer than one (1) year shall not be renewed. The former endorsement holder shall be required to make an initial application and retest to obtain the commercial endorsement formerly held. See OAC 158:85-9-1(c)(2).***

Construction Industries Board  
2401 N.W. 23rd Street, Suite 2F  
Oklahoma City, OK 73107  
Telephone: (405) 521-6550

Office Use Only (Do Not Mark in This Section)

Roofing Contractor Registration   
Commercial Endorsement

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

**APPLICATION -- ROOFING CONTRACTOR REGISTRATION AND,  
IF APPLICABLE, COMMERCIAL ENDORSEMENT**

**(Important: Registration Fee Plus Any Applicable Endorsement Fee,  
Late/Reinstatement Fee Must Accompany Application)**

Date of application: \_\_\_\_\_

**Check all that apply**

Roofing Registration: Initial  Renewal of Registration  (If Renewal) Registration #: \_\_\_\_\_

Commercial Endorsement: Initial  Renewal of Commercial Endorsement

**Qualifying party must check one:**

Resident Contractor:  Non-Resident Contractor:

**Type or print in ink all information (Every question must be answered; if not applicable place N/A).**

**Individual qualifying party information:**

1. Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

2. Physical Address: \_\_\_\_\_  
                                    Street                                    City                                    State                                    Zip

3. Mailing Address: \_\_\_\_\_  
                                    Street/PO Box                                    City                                    State                                    Zip

4. Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
                                    Residential/Cell                                    Business Phone                                    Business Fax

5. Email Address: \_\_\_\_\_

6. Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male\_\_\_\_ Female\_\_\_\_

**Business information:**

7. Business Name: \_\_\_\_\_

8. Trade Name (Doing Business As) : \_\_\_\_\_

9. Business Mailing Address: \_\_\_\_\_  
                                    Street/PO Box                                    City                                    State                                    Zip

10. Type of Business Entity: Corporation  LLC  LLP  Partnership  Sole Proprietorship

11. State of Formation: \_\_\_\_\_ 12. Percentage of Ownership: \_\_\_\_\_

13. Number of employees: \_\_\_\_\_ 14. If employees are relatives, number: \_\_\_\_\_

15. Date Last Oklahoma Income Tax Return was Filed : *(if not applicable place N/A or new business for newly formed companies)*

For Qualifying Party: \_\_\_\_\_ Date Filed \_\_\_\_\_  
Tax Year Filed \_\_\_\_\_ Month/ Year \_\_\_\_\_

For Business: \_\_\_\_\_ Date Filed \_\_\_\_\_  
Tax Year Filed \_\_\_\_\_ Month/ Year \_\_\_\_\_

16. Federal Tax ID No. if Different from SSN: \_\_\_\_\_

17. Employment Security Commission No.: \_\_\_\_\_

18. Authorized Persons to Act on Behalf of Business in addition to Qualifying Party: *(attach additional sheets if necessary.)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

19. Brief description of experience and qualifications of the qualifying party: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Has the qualifying party or entity seeking registration herein ever been licensed or registered as a roofing contractor in a state other than Oklahoma?  Yes  No **If yes, please list all states where such license or registration is/was held and whether each license or registration is currently in good standing.**

\_\_\_\_\_  
\_\_\_\_\_

21. Has the qualifying party or entity seeking registration herein ever been disciplined, fined, sanctioned, cited or had its license or registration to perform work as a roofing contractor suspended or revoked in any state other than Oklahoma?  Yes  No

**If yes, please specify the State of such event and nature of occurrence and date of action taken. (Attach additional sheets if necessary.)**

\_\_\_\_\_  
\_\_\_\_\_

22. Have you ever been convicted of a felony offense in this State, another State, or any other place?  Yes  No

If yes, list the date, court of conviction, offense by each count(s), sentence for each such conviction and date of sentence completion, including any probation, parole or supervision period. (Attach additional sheets if necessary.)

59 O.S. § 1151.6(B) Conviction of an offense shall not disqualify a person from registration as a roofing contractor under this act; provided, the applicant has truthfully disclosed the conviction and nature of the offense.

Date	Court of Conviction	Offense by Each Count (List each.)	Sentence for Each Such Conviction	Date of Sentence Completion (Include any probation, parole or supervision period.)

23. Are you required by the laws of the State of Oklahoma, any other State, or the United States to register as a sex offender?  Yes  No

If yes, you must by law, be registered as a sex offender in the State of Oklahoma pursuant to Title 57 Section 581, et seq. of the Oklahoma Statutes.)

24. If you answered yes to question 23, have you registered with the State Of Oklahoma?

Yes  No

25. Qualifying party, by signing below, hereby declares under oath that this application, related forms and all supplemental materials submitted herewith, and the information contained therein, are true and correct.

Further, by submitting this application and signing below, the qualifying party further declares under oath that the following statements are true and correct.

- Qualifying party desires registration and, if applicable, commercial endorsement under the Oklahoma Roofing Contractor Registration Act.
- Qualifying party has read and agrees to fully comply with the Oklahoma Roofing Contractor Registration Act and Roofing Contractor Registration Regulations.
- Qualifying party has submitted all taxes due in this state.
- Qualifying party agrees to fully comply with all Oklahoma laws and local ordinances pertaining to roofing standards and permits.
- Qualifying party and proposed registered entity, if a non-resident and/or foreign corporation, agree that the filing of this application appoints the Secretary of State as the legal service agent for said registered entity for all lawful process for work performed in Oklahoma or for any purpose set forth in the Roofing Contractor Registration Act.
- Qualifying party affirms that they are in compliance with the Oklahoma Workers' Compensation Act.

Qualifying Party's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_.

[Name of Qualifying Party]

\_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

My Commission Number: \_\_\_\_\_

(Notary Seal)

**Instructions for Required Affidavit:**

All natural persons fourteen (14) years of age or older and present in the United States, applying for a license with the Oklahoma Construction Industries Board are required, by the provisions of 56 O.S. § 71, to provide the Board with verification of lawful presence in the United States by executing one of the Affidavits below before a notary public or other officer authorized to notarize affidavits under State law. The Board’s licensing offices are staffed with notaries who are available to provide notary service at no cost to Qualifying parties.

**AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES**

**Affidavit of**

\_\_\_\_\_  
[Qualifying Party's Full Legal Name]

STATE OF \_\_\_\_\_ )  
 ) ss:  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, of lawful age, being first duly sworn, upon oath state, under  
[Qualifying Party's Full Name]

penalty of perjury, as follows:

Please check the appropriate box:

Option 1:  I am a United States Citizen.

Option 2:  I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.  
*For this Option, a copy of a valid immigration document which reflects the qualifying party’s “A” number or “I-9” number must accompany this Affidavit.*

\_\_\_\_\_  
Signature of Qualifying Party

Subscribed and sworn to or affirmed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_.  
[Qualifying Party's Name – Please Print]

\_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

My Commission Number: \_\_\_\_\_

(Notary Seal)