OKLAHOMA
Office of Management
& Enterprise Services

Statement of Exemption from The Workers' Compensation Act Affidavit

Pursuant to Attorney General Opinion #07-8, the exemption from the Workers' Compensation Act provided for in 85 O.S. 2011, § 311.5 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.

STATE OF _____)
) ss
COUNTY OF _____)

Project Name: _____

CAP Project No.: _____

I, the undersigned, am exempt from the Oklahoma Workers' Compensation Act and hereby waive any claim against the State of Oklahoma, including but not limited to, the Construction and Properties Department of the Office of Management and Enterprise Services, Division of Capital Assets Management 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.

Claimed Exemption:

☐ Title 85, Section 311.5

☐ Other: _____

_____ Is this a "Doing Business As?" ☐ Yes ☐ No
(Company Printed Name)

_____
(Street Address)

_____
(City, State, Zip)

_____ Subscribed and sworn to before me this _____ day of _____,20___
(Authorized Representative Signature)

_____
(Signature of notarial officer)

_____
(Authorized Representative Printed Name)

My Commission Expires: _____

_____
(Authorized Representative Printed Title)

(Seal)

My Commission #: _____