The City of
Oklahoma City
Development Services
Development Center

Oklahoma City Assigned Building Contractors Number: _____

Contractor federal/State Employer Identification Number (EIN): _____

Name of firm: _____

Business telephone number: _____
(Must have a local (405) telephone number)

Additional Contact Telephone No.: _____ Fax No. _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

If Proprietorship, Name of Owner: _____

If Partnership, Name of Co-Owners: _____

_____

Id Corporation, Names of Officers: _____

_____

List below the name of persons who are authorized to obtain permits for this company

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

I understand that this registration as well as any building permits issued hereunder, may be revoked should my insurance coverage not be kept in force, and that any registration or permit fees, must once again be paid in full for reinstatement. I also understand this registration may be revoked by the Development Services Director for failure to pay any fee or any code violation after notice, or for continuous or repeated violations of the City of Oklahoma City Code or Ordinance in addition to other penalties.

I hereby certify that the information provided is true and correct.

Signature of Owner or Corporate Officer: _____

Date: _____

STATE OF OKLAHOMA

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____

20_____

_____ My Commission Expires _____

NOTARY PUBLIC

*Please submit a copy of General Liability and Workers Compensation Insurance.
Minimum of $50,000 each occurrence for general liability.
Minimum of $100,000.00 each occurrence for workers compensation.