

**CC- FORM - 36**

**APPLICATION FOR CERTIFICATE OF NONCOVERAGE**

**Send completed Application, including Affidavit for Certificate of Noncoverage, to:**

**OKLAHOMA WORKERS' COMPENSATION COMMISSION  
INSURANCE DIVISION  
1915 N. STILES AVENUE, STE 231  
OKLAHOMA CITY, OK 73105  
(405) 522-8680 or In-State Toll Free (855) 291-3612**

**NOTE:** A nonrefundable application fee of Fifty Dollars (\$50.00), made payable to the Oklahoma Workers' Compensation Commission, must accompany the application. 85A O.S. §36.

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

The undersigned, an individual doing business as a sole proprietor or the partner of a partnership who does not elect to be covered by the Administrative Workers' Compensation Act (AWCA) and be deemed an employee thereunder, hereby applies for a Certificate of Noncoverage. To enable the Workers' Compensation Commission to determine the applicant's status, the applicant hereby states the following:

- 1. Name of individual \_\_\_\_\_
- 2. Social Security Number \_\_\_\_\_
- 3. Name & Address of Company \_\_\_\_\_  
\_\_\_\_\_
- 4. Federal ID Number of Company \_\_\_\_\_
- 5. I declare I am a Sole Proprietor  or Partner of a Partnership  (mark applicable option) engaged as such in Oklahoma.
- 6. If a partner of a partnership, what percentage of the company do you own? \_\_\_\_\_
- 7. First effective date of business \_\_\_\_\_
- 8. Desired effective date (application should be submitted 30 days in advance) \_\_\_\_\_

**Please note:**

A Certificate of Noncoverage is for a period of two years, and must be renewed by application to the Commission. If the applicant's status changes during the effective period of the certificate, which makes the applicant no longer eligible for the Certificate of Noncoverage, the applicant must report this change of status to the Commission within thirty (30) days of the change.

A Certificate of Noncoverage is valid only for the applicant. If other partners of a partnership desire a Certificate of Noncoverage, then they must apply for their own.

If the applicant has employees, workers' compensation coverage for such employees in accordance with 85A O.S., §38 is required. The Certificate of Noncoverage shall not affect the rights or coverage of any employees of the sole proprietor or of the partnership.

In consideration of the approval of this application, the applicant hereby expressly agrees to comply with all applicable statutes, and with the Rules of the Workers' Compensation Commission.

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**AFFIDAVIT FOR CERTIFICATE OF NONCOVERAGE**

To the Oklahoma Workers' Compensation Commission:

You are hereby notified that the undersigned, who has submitted the attached Application for a Certificate of Noncoverage is a sole proprietor or partner of a partnership and, being engaged as such in the State of Oklahoma, elects to be excluded as an employee and from the mandatory insurance requirements of the Oklahoma Administrative Workers' Compensation Act (AWCA).

I declare under penalty of perjury that I have examined this Application for Certificate of Noncoverage and all statements contained therein, and to the best of my knowledge and belief, they are true, correct and complete.

**Administrative Workers' Compensation Act, 85A O.S., §6(A)(1)(a): "Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: (1) obtaining any benefit or payment ... shall be guilty of a felony." Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Telephone Number, including Area Code

\_\_\_\_\_  
E-mail Address

**STATE OF OKLAHOMA**  
**COUNTY OF** \_\_\_\_\_

Before me, the undersigned authority, on this day appeared \_\_\_\_\_

who acknowledged that he/she executed the foregoing for the purposes and consideration therein stated.

WITNESS by my hand and my notarial seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

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