



CLAIM OF EXEMPTION FROM OKLAHOMA'S WORKERS' COMPENSATION ACT

COMPANY NAME: _____
(Contract Business Name)

DATE: _____
(Day/month/year)

This Claim of Exemption from Oklahoma's Workers' Compensation Act is made by Employer on the date indicated above. By the authorized signature below, Employer affirmatively represents and states as follows:

1. That Employer has no employees, and will continue to have no employees for the duration of the Tulsa State Fair.
2. That all Employers' employees are related to Employer by blood or marriage.

Independent Contractors do not fall under the exemption act.

"EMPLOYER"

Name: _____

Title: _____

Signature: _____