



Contractor Registration

1. Company Name: _____
2. Contractor Name: _____
3. Address: _____ City _____ Zip code _____
4. Phone Number: _____
5. Fax Number: _____
6. Email Address: _____

Requirements

1. Copy of current certificate of general liability insurance
2. Copy of current certificate of worker's comp. or
worker's comp. affidavit of exemption
3. Copy of driver's license
4. Cost \$83.00 contractor registration fee
5. \$250.00 Escrow

Mailing address:

City of Broken Arrow
Development Services
P. O. Box 610
Broken Arrow, OK 74013

Fax number: (918) 258-4998