



## Sub-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 State license
4. Copy of Driver's license
5. Cost \$166.00 contractor registration fee
6. \$500.00 Escrow

### **Mailing address:**

City of Broken Arrow  
Development Services  
P. O. Box 610  
Broken Arrow, OK 74013  
**Fax number:** (918) 258-4998