

# CC-FORM-36A

WORKERS' COMPENSATION COMMISSION  
1915 NORTH STILES AVENUE STE 231  
OKLAHOMA CITY, OK 73105

THIS SPACE FOR COMMISSION USE ONLY

File original and two (2) copies with the Workers' Compensation Commission (WCC) in-person or by mail, or file online at [www.ok.gov/wcc](http://www.ok.gov/wcc).

Must be accompanied by a nonrefundable \$50 filing fee payable to the WCC.

## AFFIDAVIT OF EXEMPT STATUS UNDER THE ADMINISTRATIVE WORKERS' COMPENSATION ACT

Type of Filing (check one):  Original Affidavit of Exempt Status - Expires at midnight two (2) years from the filing date.

Renewal - Expires at midnight two (2) years from the expiration date indicated below.

If renewing a current Affidavit, provide: Affidavit # \_\_\_\_\_ and Expiration Date: \_\_\_\_\_

State of Oklahoma

County of \_\_\_\_\_)

I, \_\_\_\_\_, state under penalty of perjury, as follows:

1. I, \_\_\_\_\_ (Name of individual), in my individual capacity or operating as \_\_\_\_\_ (Contractor's business name), have read, signed and attached the Exempt Status Fact Sheet and understand that an Independent Contractor is one who engages to perform certain services for another, according to his own manner, method, free from control and direction of the Contractor in most matters connected with the performance of the service, except as to the result or product of the work. A Contractor may be either (i) the owner of a project or job or (ii) an Independent Contractor in any tier who has subcontracted with a subcontractor.
2. I understand that based upon the representations in this Affidavit of Exempt Status ("Affidavit"), I am requesting a Contractor to consider my business to be that of an Independent Contractor and that no workers' compensation insurance premium be charged for the services performed by my business.
3. **I am an independent contractor, not an employee of a Contractor under the Administrative Workers' Compensation Act. I do not want workers' compensation insurance and understand that I am not eligible for workers' compensation benefits.**
4. In the event changed circumstances make securing compensation pursuant to the requirements of the Administrative Workers' Compensation Act necessary, I will execute and file a Cancellation of Affidavit of Exempt Status with the Workers' Compensation Commission. I will obtain workers' compensation and employers' liability insurance for my employees if I have employees, unless they are otherwise exempt from the requirements of the Administrative Workers' Compensation Act.
5. The information I have provided is not the result of force, threats, coercion, compulsion or duress.
6. I understand that the execution of this Affidavit, pursuant to 85A O.S. §36(C)(1)(b)(1), shall establish a conclusive presumption that the affiant is not an employee for purposes of the Administrative Workers' Compensation Act.
7. I understand that the execution of this Affidavit shall not affect the rights or coverage of any employee of the individual or business executing this Affidavit.
8. I understand if any Contractor or its insurer shall become liable under the Administrative Workers' Compensation Act for the payment of compensation due to a compensable work related injury of my employee(s), the Contractor or its insurer may recover from me the amount of such compensation paid or for which liability is incurred.
9. I understand that knowingly providing false information on an executed Affidavit of Exempt Status shall constitute a misdemeanor punishable by a fine not to exceed One Thousand Dollars (\$1,000.00).

### Independent Contractor (Affiant) Signature

I declare under PENALTY OF PERJURY that I have examined all statements contained herein, and to the best of my knowledge and belief, they are true, correct and complete.

Affiant Name \_\_\_\_\_ Title \_\_\_\_\_

Business Name \_\_\_\_\_ Email \_\_\_\_\_

FEIN # \_\_\_\_\_ Mailing Address \_\_\_\_\_

Affiant Signature \_\_\_\_\_ Date \_\_\_\_\_

*Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.*

## EXEMPT STATUS FACT SHEET

An Independent Contractor is defined by law as one who engages to perform certain services for another, according to his own manner and method, free from control and direction of his contractor in most matters connected with the performance of the service, except as to the result or product of the work. A Contractor may be either (i) the owner of a project or job or (ii) an Independent Contractor in any tier who has subcontracted with a subcontractor.

Below are statements to help you decide if you are an independent contractor. No one statement is controlling, and your status is based on all the facts in your situation. If a statement describes your situation, then check the box. If the greater weight of the statements below do not describe your business, you should not sign the attached Affidavit of Exempt Status Under the Administrative Workers' Compensation Act.

- 1. The nature of the contract between you and the Contractor shows you are independent from the Contractor. For example: Is there a written contract where you agree that you are an independent contractor? Are you a corporation or limited liability company? Do you maintain commercial general liability insurance or other business insurance?
- 2. The Contractor exercises very little control over your work. For example: By the agreement, can the Contractor exercise control on the details of the work or your independence? Do you exercise control over most of the details of the work? Do you create plans or specifications for the job? Do you set your own work hours?
- 3. You are engaged in a distinct occupation or business for others. For example: Do you work for companies or individuals other than the Contractor? Do you work for competitors of the Contractor? Does your business have a logo or uniform?
- 4. Your job is the kind of occupation where the work is usually performed by a specialist without supervision, and not under the direction of the contractor. For example: Is your work supervised by the Contractor?
- 5. Your occupation requires special skills, license, education or training.
- 6. The contractor does not supply the things needed to perform your job such as the tools and the place of work. For example: Do you supply any of the materials or tools for the work? Do you operate a vehicle owned by the contractor? Was the work performed at your business or the contractor's business location or jobsite? Do you wear a uniform supplied by the contractor?
- 7. The length of the job and how long you have worked for the Contractor does not show that you are really an employee. For example: Is this a one-time job, or will you be doing this for the contractor regularly?
- 8. You are paid as a separate contractor, not as an employee. For example: Do you invoice the Contractor for your services? Are you paid by the job? Do you file a federal income tax return for your business? Do you expect to receive an IRS Form 1099 from the Contractor? Does the Contractor pay your expenses?
- 9. Your work is not the regular business of the employer. For example: Is your work customarily done in the Contractor's line of business or as part of the Contractor's daily work? Have you ever been an employee of the Contractor? Do you work with other people hired by the Contractor on the work you perform?
- 10. You do not consider yourself an employee of the contractor. For example: Will the Contractor withhold taxes or monies from your payment? Have you ever been an employee of the Contractor? Have you or your employees ever filed an insurance claim against the Contractor?
- 11. You do not have the right to terminate the relationship without liability. For example: If you quit before the job is finished, is there a penalty?

**Based upon these factors, do you believe that you are an independent contractor with exempt status?**

YES  NO

Signature \_\_\_\_\_  
(INDEPENDENT CONTRACTOR/AFFIANT)