



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 Certificate of Non-Coverage
3. Copy of State license
4. Copy of Driver's license
5. Cost \$158.00 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