

# Solicitation issued by:



Oklahoma City Public Schools  
PO Box 36609, Oklahoma City, OK 73136  
Phone: 405-587-1000 | web: okcps.org

## Section I Bid

<input type="text"/>	
1) Solicitation Issue Date	
<input type="text"/>	
2) Solicitation Number & Title	
<input type="text"/>	<input type="text"/>
3) Solicitation Type	4) OKCPS Purchasing Contact
<input type="text"/>	
5) Response Due Date and Time	
<input type="text"/>	

## Section II Bidder Information

<input type="text"/>		
1) Company Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>
2) FEI / SSN	3) Vendor ID	4) Web Site
<input type="text"/>		
5) Address, City, State and Zip		
<input type="text"/>		
6) Contact Name and Title		
<input type="text"/>	<input type="text"/>	<input type="text"/>
7) Telephone	8) Fax	9) Email Address

## Section III Workers' Compensation Insurance Coverage

Bidder is required to provide a certificate of insurance showing proof of compliance with the Oklahoma Workers' Compensation Act with the bid. Proof Attached?

Yes                       \*No

\*Attach a signed statement that provides specific details supporting the exemption you are claiming from the Workers' Compensation Act (Note: Pursuant to Attorney General Opinion #07-8, the exemption from 85 O.S. 2001, § 2.6 applies only to employers who are natural persons, such as sole proprietors, and does not apply to employers who are entities created by law, including but not limited to corporations, partnerships and limited liability companies.)

## Section IV Signatures

<input type="text"/>	<input type="text"/>
1) Authorized Signature	2) Printed Name
<input type="text"/>	<input type="text"/>
3) Title	4) Date

Please include completed form with bid documents.