Solicitation issued by:

3) Title



Oklahoma City Public Schools

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

Section I Bid			
1) Solicitation Issue Date			
2) Solicitation Number & Title			
3) Solicitation Type		4) OKCPS Purcha	ssing Contact
5) Response Due Date and Time			
6) Brief Description of Requirement			
Section II Bidder Information			
1) Company Name			
2) FEI / SSN	3) Vendor ID	4) Web Site	
5) Address, City, State and Zip			
6) Contact Name and Title			
		— r	
7) Telephone	8) Fax	L	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			
4) Authorized Circotom		2) Duinte d A	Toron .
1) Authorized Signature		2) Printed N	ame
		1	

Please include completed form with bid documents.

4) Date