

OKLAHOMA STATE DEPARTMENT OF HEALTH
PROTECTIVE HEALTH SERVICES-0511
Health Resources Development Service
P.O. Box 268823
Oklahoma City, OK 73126-8823
Telephone (405) 271-6868 Fax (405) 271-7360

CERTIFICATION OF COMPLIANCE
FOR A NURSING OR SPECIALIZED FACILITY

1. Name of Applicant: _____
2. Name of Facility: _____
3. Respond to each of the four (4) items below and provide explanation if applicable. (Additional pages may be attached for the explanations.)

A. Are the applicant(s) and any other person or entity disclosed pursuant to OAC 310:675-1.1(e) on Form 953-A License Application for a Nursing or Specialized Facility, item 11, current in all their payments for state and federal income, employment and unemployment taxes?

_____ Yes _____ No

If "no," explain:

B. Have the applicant(s) and any person or entity disclosed pursuant to OAC 310:675-3-1.1(e) on Form 953-A License Application for a Nursing or Specialized Facility, item 11, filed all required returns for state and federal income, employment and unemployment taxes?

_____ Yes _____ No

If "no," explain:

C. Have any state tax warrants or federal tax liens been filed against the applicant(s), the facility or any person or entity disclosed pursuant to OAC 310:675-3-1.1(e) on Form 953-A License Application for a Nursing or Specialized Facility, item 11?

_____ Yes _____ No

If "yes," list date(s) when notices were filed with the Department pursuant to 63 O.S. Section 1-1930.1:

Or

If notices were **not** filed pursuant to 63 O.S. Section 1-1930.1, explain why not:

D. Have any state attachments or federal levies been made that are currently pending to collect delinquent state or federal income, employment or unemployment taxes owed by the applicant(s), the facility, or any person or entity disclosed pursuant to OAC 310:675-3-1.1(e) on Form 953-A License Application for a Nursing or Specialized Facility, item 11?

____ Yes ____ No

If "yes," list date(s) when notices were filed with the Department pursuant to 63 O.S. Section 1-1930.1:

Or

If notices were **not** filed pursuant to 63 O.S. Section 1-1930.1, explain why not:

At the time of the filing of this application I certify that the foregoing is true and complete to the best of my knowledge and belief.

Typed or Printed Name of Person Signing for Applicant

Signature of Applicant

Name of Corporation, Partnership or Association

Official Title or Position

State of _____

County of _____

Signed and sworn to (or affirmed) before me on this _____ day of _____, 20____

Name(s) of person(s) making statement.

Seal or Stamp:

Signature of Notary Public

My Commission Expires: _____ / _____ / _____

My Commission Number is: _____