



John D. Doak
Oklahoma Insurance Department
Financial Division
Five Corporate Plaza Ste. 100
3625 N. W. 56th Street
Oklahoma City, OK 73112

EXEMPT PROFESSIONAL EMPLOYER ORGANIZATION

Initial _____ Renewal _____

Title 40 O.S. § 600.4(F)

Print or type all information except that which requires a signature. If a corporation, the application must be signed by the chief executive officer of the corporation. If a partnership, proprietorship or limited liability company, the application must be signed by a partner, owner or manager authorized to bind the entity. Initial application exemption fee or annual renewal of exemption fee of \$250 is due upon filing of exemption application. 40 O.S. § 600.5(C). *Make check payable to the Oklahoma Insurance Department.* Exemption is valid for one year. 40 O.S. § 600.4(F)(2).

1. Name of Professional Employer Organization _____

Additional Names (if any) under which the PEO conducts business:

2. Type of Business Organization (Check One): Individual Corporation
 Sole Proprietorship Partnership Limited Liability Co. Other

3. PEO's Taxpayer or Employer Identification Number: Federal _____
Oklahoma _____

4. Address of Principal Place of Business: Telephone: _____
Street: _____ **Fax:** _____
Suite or room: _____ **E-mail:** _____
City: _____ **State of Domicile** _____
State: _____ **ZIP:** _____ - _____

5. All States in which the PEO is licensed or registered as a PEO:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

Declaration

I, the undersigned, swear that I am an officer of the above applicant PEO and that I am authorized to file this application for exemption. I swear to the best of my knowledge and belief that above information is complete and accurate and that the PEO named above:

1) Is domiciled outside this state and is licensed or registered as a professional employer organization in another state that has the same or greater requirements as the Oklahoma Employer Organization Recognition and Registration Act, as set out in the copy of that state's laws and/or regulations attached hereto;

2) Does not maintain an office in the State of Oklahoma or solicit in any manner clients located or domiciled with the State of Oklahoma; and

3) Does not have more than twenty-five (25) employees employed or domiciled in the State of Oklahoma.

Date: _____

**Signature of Chief Executive Officer,
Partner, Owner or Manager**

Printed Name of above signatory

Subscribed and sworn to before me this _____ day of _____, 201____

NOTARY PUBLIC

(Seal)

My Commission Expires:

John D. Doak
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6. Attach to this application or renewal, the most recent CPA quarterly statement of timely payment of applicable federal and state payroll taxes by the PEO. 40 O.S. § 600.6(B).

Indicate: Name of CPA: _____

Date of Attached Statement: _____