

Robert H. Gilliland
Chairman

Jordan Russell
Commissioner



Mark Liotta
Commissioner

Kim Bailey
Executive Director

STATE OF OKLAHOMA
WORKERS' COMPENSATION COMMISSION

1915 N STILES AVE STE 231
OKLAHOMA CITY, OKLAHOMA 73105
(405) 522-3222
www.ok.gov/wcc

NEW CARRIER REGISTRATION FEE

Each carrier writing workers' compensation insurance in this state shall pay to the Oklahoma Workers' Compensation Commission at the time of securing a license to transact business in this state One Thousand Dollars (\$1,000.00) for qualifying with the Commission for the writing of compensation insurance as provided in 85A O.S., § 29 (A).

Additionally please note, the Commission sends all notices and correspondence to the carrier's designated service agent until an entry of appearance is filed. To ensure all correspondence is received from the Commission, complete and submit the [CC-Form-7 Designation of Service Agent Form](#) and submit to the Commission with this registration.

For assistance, contact the Insurance Services Division of the Oklahoma Workers' Compensation Commission at: (405) 522-8684 or email InsuranceDepartment@wcc.ok.gov.

Carrier Name _____

Carrier FEIN _____

Street Address _____

City, State Zip _____

NAIC Number _____

Contact Name _____

Contact Number _____

Contact Email _____

Amount Due: \$1,000.00

Send Registration Fee, CC-Form-7 and this Form, to:

**Oklahoma Workers' Compensation Commission
Insurance Services Department
1915 N. Stiles Avenue, Suite 231
Oklahoma City, OK 73105-4908**