

# CC-FORM-36C

File original with Workers' Compensation Commission (WCC) in-person, by mail, or online at [www.ok.gov/wcc](http://www.ok.gov/wcc).

**WORKERS' COMPENSATION COMMISSION**  
1915 NORTH STILES AVENUE  
OKLAHOMA CITY, OK 73105

THIS SPACE FOR COMMISSION USE ONLY

## **CANCELLATION OF AFFIDAVIT OF EXEMPT STATUS UNDER THE ADMINISTRATIVE WORKERS' COMPENSATION ACT**

I, \_\_\_\_\_ (name of individual), hereby cancel the Affidavit of Exempt Status that was filed on \_\_\_\_\_ (affidavit's filing date) and executed on behalf of \_\_\_\_\_ (business name), and affirm that I will secure compensation for my employees, if I have employees, unless they are otherwise exempt from the requirements for the Administrative Workers' Compensation Act.

**I declare under PENALTY OF PERJURY that I have examined all statements contained herein, and to the best of my knowledge and belief, they are true, correct and complete.**

Name \_\_\_\_\_ Title \_\_\_\_\_

Business Name \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.*