

WORKERS' COMPENSATION COMMISSION  
1915 NORTH STILES AVE  
OKLAHOMA CITY, OK 73105  
[permittingservices@wcc.ok.gov](mailto:permittingservices@wcc.ok.gov)  
405-522-8680

PLEASE CHECK THE APPROPRIATE BOX

- Insurance Carrier
- Individual Own Risk Employer
- Group Self-Insurance Association

CC-FORM-7  
DESIGNATION OF SERVICE AGENT  
(FOR CLAIMS NOTIFICATION PURPOSES)

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

Insurance carriers, individual own-risk employers and group self-insurance associations must designate a single agent for claims notifications by filing this Designation of Service Agent form with the Commission.

Once a claim for compensation (CC-Form-3, CC-Form-3A or CC-Form-3B) is filed, the Commission will send all notices and correspondence to the **Designated Service Agent**, until an Entry of Appearance or a Notice of Substitution of Attorney is filed as provided in Commission Rules 810:10-1-10 or -11.

An updated Form 7 is required annually and anytime a change of Designated Service Agent is made.

If this Designated Service Agent designation applies to the entity's subsidiaries, attach a list of the applicable subsidiaries and/or affiliates, including addresses.

**DESIGNATED SERVICE AGENT INFORMATION FOR CLAIMS NOTIFICATION PURPOSES:**

_____		_____	
Designated Service Agent Name		Designated Service Agent Phone Number	
_____		_____	
Name of Contact Person (if service agent is a business)		Service Agent Email ( <b>Required</b> )	
_____		_____	
Mailing Address	City	State	Zip

_____		_____	
Entity Name		Entity Phone Number	
_____		_____	
Name of contact person ( <b>Non Claims Communications</b> )		Contact Email ( <b>Required</b> )	
_____		_____	
Mailing Address	City	State	Zip

By submitting this Form, I agree that claims notifications shall be sent to the Designated Service Agent listed above

\_\_\_\_\_  
Signature of Entity Representative

\_\_\_\_\_  
Printed Name of Entity Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Title of Entity Representative

EMAIL COMPLETED FORM TO:  
[permittingservices@wcc.ok.gov](mailto:permittingservices@wcc.ok.gov)

Revised 10/14/24