

Strengthen Oklahoma Homes FORTIFIED Evaluator Application

Name:

Last *First* *M.I.*

Business Name:

DBA:

Address:

Street Address

City

State

Zip Code

Phone:

Email:

CIB License Number:

Fortified Evaluator ID:

Have you ever been named or involved as a party in an administrative action by a licensing board regarding your contractor's license or registration? If you answer yes, you must attach to this application: a) a written statement identifying the type of license and explaining the circumstances of each instance; b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

Yes

No

OMES Supplier Number: _____

Federal Tax ID Number: _____

Have you been certified through the IBHS FORTIFIED Program? Yes No

Is the Business a non-profit entity? Yes No

I understand that as an evaluator for the Strengthen Oklahoma Homes Program, I may not have any business, financial, or personal interest related to the materials, products, or systems installed in any home I inspect, or be acting as the sales agent for any home being designated for the program.

Yes, I am in compliance.

No, I am not in compliance, and I will attach documentation as to why.

In consideration for the submission of this application and other good and valuable consideration, I understand and agree that I shall comply with the SOH Program's procedures, the Strengthen Oklahoma Homes Act, 36 O.S. §§ 971 - 976, any rules promulgated thereto, and all applicable building codes and FORTIFIED requirements in order to be eligible to be included in the approved evaluator list; that I shall allow the SOH Program timely access to all funds, records, and property related to services performed under the SOH Program; that participation in the SOH program does not create an entitlement to receipt of grant funds; that OID shall not be liable for any amount owed not covered by a grant award; and that I hereby release, agreed to defend, indemnify, and hold harmless the Insurance Commissioner and the OID and its employees with respect to any and all injury, disability, death, or loss or damage to person or property arising from or relating to services performed under the SOH Program.

By signing the below, I swear under penalties provided by the laws of Oklahoma, that I am authorized to submit this application and that the information provided in this application is complete, true, and correct to the best of my knowledge.

Signature

Date

Name and Title

PLEASE EMAIL COPY OF EACH OF THE FOLLOWING, WITH YOUR APPLICATION TO: OKReady@oid.ok.gov

If registered in Oklahoma:

- Oklahoma Tax Commission Compliance Letter
- Certificate of Good Standing from the Oklahoma Secretary of State
- Copy of Your Valid and Active Contractor's License or Registration in Oklahoma
- Copy of Your IBHS Fortified Certification
- Proof of In-Force General Liability Policy with a Minimum of \$500,000 in Coverage
- Proof of Workers' Compensation and Employer's Liability Insurance
- Signed Evaluator Code of Ethics Form

If registered out of state:

- Tax Commission Compliance Letter from Domiciled State
- Certificate of Good Standing from Domiciled Secretary of State
- Copy of Your Valid and Active Contractor's License or Registration
- Copy of Your IBHS Fortified Certification
- Proof of In-Force General Liability Policy with a Minimum of \$500,000 in Coverage
- Proof of Workers' Compensation and Employer's Liability Insurance
- Signed Evaluator Code of Ethics Form