

APPLICATION  
Certified Professional Builder



Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Local ASSN: \_\_\_\_\_ Second Local Assn: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Insurance Information** (have certificates sent to the Oklahoma Home Builders Association): *(must carry a minimum of \$1 million aggregate in General Liability and at least the minimum premium policy of Workers Compensation)*

Workers Compensation

General Liability

Carrier: \_\_\_\_\_

Carrier: \_\_\_\_\_

**Warranty Information**

Type: \_\_\_\_\_ Duration: (min. 1 year) \_\_\_\_\_

**\*\*\*Attach Certified Professional Builder Education Verification\*\*\***

**As a Certified Professional Builder, I agree to adhere to the terms and conditions of the Program, including, but not limited to, building in compliance with Oklahoma building code and any applicable local jurisdiction amendments, obtaining at least nine (9) hours of continuing education annually and to abide by the Code of Ethics (a copy is located on the OkHBA website.)**

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

<p><b>State Office Use Only</b>          Fee: \$100.00 Annually          Application not processed until insurance certificates received and fee paid.</p>	<p>Certification # _____</p>
<p>Oklahoma State Home Builders Association          917 NE 63rd St., Oklahoma City, OK 73105</p>	<p>(405)843-5579          (405)840-3519 Fax</p>