



IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT.

		Notice Date <b>2024-01E</b>
Business Address P001/1/10/18  Town Of Leedey Po Box 337 Leedey, OK 73654-0337 		  Please Respond By <b>Jan 30, 2024</b>

The Occupational Safety and Health Administration (OSHA) requires all employers to provide a safe and healthy workplace for their employees. In order to assist with this requirement, Council For Corporations, a private company, offers to prepare and provide, for a fee, a personalized, OSHA Safety Manual designed to avoid the fines and penalties listed below and help employers achieve an in-compliance status before an OSHA inspection.

Violations of OSHA may result in the following fines and penalties pursuant to 29 USC § 666:

- (a) Willful or repeated violation: Civil penalty of not less than \$5,000 and up to \$7,000 for each violation may be imposed;
- (b) Citation for serious violation: Civil penalty of up to \$7,000 for each violation shall be imposed;
- (c) Citation for violation determined not serious: Civil penalty of up to \$7,000 for each violation may be imposed; ...
- (d) ...
- (e) Willful violation causing death to employee: A fine of up to \$10,000 and imprisonment of up to 6 months, or both, shall be imposed.

Council For Corporations is not a government agency and is not contracted, approved or endorsed by any government agency to provide this service. This is not an invoice. This is a solicitation. You are under no obligation to purchase unless you accept this offer.

Follow the steps below to complete this form and fulfill your order. Mail the completed form with \$295.00 to Council For Corporations in the enclosed envelope.

**Step 1. BUSINESS ACTIVITY** Check the box below that best describes your business' activities.

<input type="checkbox"/> General	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Construction	<input type="checkbox"/> Maritime
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**Step 2. CONTACT INFORMATION** Complete all information below.

Company Name	Address	City	State	Zip
Safety Coordinator's Name		Frequency of job/facility site inspections? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		

**Step 3. CONTACT PERSON** Enter the name, email, and phone number of the contact person.

Contact Name	Contact Email	Contact Phone
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**Step 4. CHECK APPROPRIATE PAYMENT METHOD.**

<input type="checkbox"/> CHECK ENCLOSED FOR \$295.00  <b>Please make your check payable to:</b>  COUNCIL FOR CORPORATIONS 5830 NW Expressway, #211 Oklahoma City, OK 73132-5239 services@councilforcorps.com	<input type="checkbox"/> CREDIT CARD (VISA & MASTERCARD ONLY) Enter Credit Card Number: <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> Enter Expiration Date of Credit Card: <div><div></div><div></div><div>/</div><div></div><div></div><div></div></div>
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**Step 5. SIGNATURE** I certify that I have read this document, authorize the charges, and acknowledge that Council For Corporations is not affiliated with any government agency and I am not obligated to purchase this product.

Signature	Date
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**Step 6.** Return this entire completed form with payment in the enclosed return envelope.