



**State of Oklahoma  
Construction Industries Board  
RESPONSE TO COMPLAINT FORM**

**Complaint No.** \_\_\_\_\_

**Registration No.** \_\_\_\_\_

**Name of registered roofing contractor: (Registered entity and individual):**

\_\_\_\_\_

**Name of person filing response:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Daytime Telephone Number:** \_\_\_\_\_

**Narrative of response:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Respondent, by signing below, hereby declares under oath that this Response, all supplemental materials submitted herewith, and the information contained therein, are true and correct.**

**Attach supplemental materials which support your response (optional).**

\_\_\_\_\_  
**Respondent**

\_\_\_\_\_  
**Date**