



**CONSTRUCTION INDUSTRY CERTIFICATE OF ELECTION TO BE EXEMPT FROM
THE FLORIDA WORKERS' COMPENSATION LAW**

MAIL TO:

Department of Labor & Employment Security
Bureau of W.C. Compliance
P.O. Box 7800
Tallahassee, Florida 32314-7800
Telephone #: (904) 488-2333

STATE USE ONLY

EFF DATE _____

EMPLOYER # _____

POSTMARK DATE _____

This notice shall be valid from the effective date above until a notice of revocation is filed by the sole proprietor, partner, or corporate officer making this election.

PLEASE TYPE OR PRINT:
(\$25 FILING FEE REQUIRED WITH FORM)

SEE REVERSE SIDE OF THIS FORM FOR ELIGIBILITY REQUIREMENTS AND RENEWAL INFORMATION.

RE:
(Legal Business Name of Sole Proprietorship, Partnership, or Corporation) (D/B/A If Applicable)

(Mailing Address) (Street Address, if different)

(City) (State) (Zip) (Federal Employer Identification Number) (Telephone #)

Nature of Business or Trade:

Pursuant to Rule 38F-6.009(a), as of 12:01 a.m. 30 days following the date of the mailing of this form, you are hereby notified that the following Sole Proprietor, Partner or Corporate Officer of the above named business does elect to be exempt from the provisions of the Florida Workers' Compensation Law. I understand that a "sole proprietor, independent contractor, partner, or officer of a corporation who elects exemption from this chapter by filing a certificate of election under s. 440.05 may not recover benefits or compensation under this chapter". I further understand that there is a limit of three partners or three corporate officers. I certify that any employee of the business named above is covered by workers' compensation insurance.

REQUIREMENT: LIST CERTIFIED OR REGISTERED LICENSES HELD PURSUANT TO CHAPTER 489 F.S. OR LOCAL OCCUPATION LICENSES.

(1) Type: _____ Number: _____ (2) Type: _____ Number: _____

IMPORTANT: A NON-REFUNDABLE TWENTY FIVE DOLLARS (\$25.00) individual exemption filing fee is required pursuant to Chapter 440.05, F.S. and Rule 38F-6.009(a), and is payable only by cashier's check or money order to W.C. Administration Trust Fund. Failure to enclose fee and accurately and totally complete this form will result in return of the request and create a delay in certification.

AFFIDAVIT OF INDEPENDENT CONTRACTOR STATUS:

I, _____ sworn under oath, do depose as follows:

1. I maintain a separate business with my own work facility, truck, equipment, materials, or similar accommodations;
2. I hold or have applied for a federal employer identification number;
3. I perform or agree to perform specific services or work for specific amounts of money and control the means of performing the services or work;
4. I incur the principal expenses related to the service or work that I perform or agree to perform;
5. I am responsible for the satisfactory completion of work or services that I perform or agree to perform and could be held liable for a failure to complete the work or service;
6. I receive compensation for work or services performed for a commission or on a per job or competitive-bid basis and not on any other basis;
7. I may realize a profit or suffer a loss in connection with performing work or services;
8. I have continuing or recurring business liabilities or obligations; and
9. The success or failure of my business depends on the relationship of business receipts to expenditures.

Type/Print Name: _____

Signature of Affiant: _____ Social Security Number: _____
(Only one Signature Per Form)

Position: Owner/Proprietor Partner Corporate Officer/Title

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, FLORIDA.

Personally Known to Me
 Produced as Identification _____ (Type of Identification)

Notary Public, State of Florida
My Commission Expires: _____

REQUIREMENTS FOR COMPLETING THIS FORM

- 1) THIS FORM SHOULD BE COMPLETED ONLY BY AN EMPLOYER OPERATING WITHIN FLORIDA.
- 2) THE CONTRACTORS BELOW ARE REQUIRED TO FURNISH THE LICENSE NUMBER AND TYPE OF ANY CERTIFIED OR REGISTERED LICENSES ISSUED BY THE DEPARTMENT OF PROFESSIONAL REGULATION.
 - (A) GENERAL CONTRACTOR
 - (B) COMMERCIAL CONTRACTOR
 - (C) RESIDENTIAL CONTRACTOR
 - (D) ROOFING CONTRACTOR
 - (E) PLUMBING CONTRACTOR
 - (F) ELECTRICAL CONTRACTOR
 - (G) HEATING-A/C CONTRACTOR
 - (H) SWIMMING POOL CONTRACTOR
 - (I) SHEET METAL CONTRACTOR

RENEWAL INFORMATION

EFFECTIVE JANUARY 1, 1994, THE CERTIFICATE OF ELECTION IS VALID UNTIL THE SOLE PROPRIETOR, PARTNER, OR CORPORATE OFFICER REVOKES SUCH ELECTION. THIS FORM SHOULD BE SUBMITTED TIMELY ALLOWING IT TO REACH THE DIVISION AT LEAST 31 DAYS PRIOR TO THE DATE THE EMPLOYER WOULD LIKE FOR IT TO BE EFFECTIVE. A \$25.00 NON-REFUNDABLE FILING FEE IS REQUIRED.

ANY FORM RECEIVED INCOMPLETE OR INCORRECT WILL BE RETURNED UNPROCESSED. THE EFFECTIVE DATE OF ANY RETURNED FORM WILL BE 30 DAYS AFTER THE POSTMARK OF THE CORRECTED FORM.

WORKERS' COMPENSATION INSURANCE INFORMATION

NAME OF W.C. CARRIER: _____

CARRIER ADDRESS: _____

CITY; STATE; & ZIP: _____

POLICY NUMBER: _____ EFFECTIVE DATE: _____

PURSUANT TO SECTION 440.05(3), F.S. PLEASE LIST THE NAME, SOCIAL SECURITY NUMBER OR FEDERAL EMPLOYER IDENTIFICATION NUMBER OF EACH SOLE PROPRIETORSHIP, PARTNERSHIP, OR CORPORATION THAT YOU WILL BE EMPLOYED BY:

NAME: _____ FEIN OR SS#: _____

NAME: _____ FEIN OR SS#: _____

NAME: _____ FEIN OR SS#: _____