

NOTICE OF ELECTION TO BE EXEMPT

Please refer to the written instructions prepared by the Division of Workers' Compensation before completing this form.

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application-refer to the instruction sheet for more details.

STATE USE ONLY
Effective/Issue Date: _____
Expiration Date: _____
Control Number: _____
Postmark Date: _____
Received Date: _____

I am applying for exemption as a (check only one box in this section):
CONSTRUCTION INDUSTRY (\$ 50.00 FEE REQUIRED)
 Sole Proprietor Partner Corporate Officer (your corp. title: _____) **-OR-**
NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)
 Corporate Officer (your corp. title: _____)

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"): _____

THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION

Business Name:		Trade Name; d/b/a; or a/k/a:		
Business Mailing Address:		City:	State:	Zip:
County:	Phone No.: ()	Nature of Business:	FEIN:	
Unemployment Compensation Tax No:	Date Business Established:	No. of Employees:		

Are you required to be registered or certified pursuant to Chapter 489, F. S.? No Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes _____

Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application? No Yes:
YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE

Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? NO YES list the name of all other businesses in which you are employed: _____

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers or partners as provided in §440.02 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

_____/_____/_____ TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION	_____/_____/_____ SOCIAL SECURITY NO.	_____/_____/_____ mo. day yr. DATE OF BIRTH
_____ APPLICANT'S SIGNATURE	_____ DATE SIGNED	
NOTARY STATE OF FLORIDA, COUNTY OF _____		
Sworn to and subscribed before me this _____ day of _____, _____, by _____		
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____		
NOTARY SIGNATURE _____ My Commission Expires _____		

(SEE REVERSE FOR ADDITIONAL INFORMATION)

Workers' Compensation Information Online - <http://www.fdfs.com/WC/>

CONSTRUCTION INDUSTRY APPLICANTS:
YOU MUST ATTACH A \$50.00 PROCESSING FEE TO THIS FORM

Please refer to the written instructions prepared by the
Division of Workers' Compensation before completing this form.
(instruction sheets are available at the offices listed below)

**THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL REQUIRED
DOCUMENTATION AND FEES ARE ATTACHED TO IT.**

**SUBMIT THIS FORM ALONG WITH ALL ATTACHMENTS AND A \$50.00 PROCESSING FEE
(CONSTRUCTION INDUSTRY APPLICANTS ONLY) TO THE DISTRICT OFFICE LISTED BELOW
THAT IS CLOSEST TO YOUR PLACE OF BUSINESS:**

WORKERS' COMPENSATION COMPLIANCE FIELD OFFICES

9000 REGENCY SQUARE BLVD.
SUITE #212
JACKSONVILLE, FL, 32211-8100
TELEPHONE (904) 798-5806

1111 NE 25TH AVE.
SUITE #403
OCALA, FL 34470
TELEPHONE (352) 401-5350

2012 CAPITAL CIRCLE SE
SUITE #102 HARTMAN BLDG.
TALLAHASSEE, FL 32399-2161
TELEPHONE (850) 414-1237 or (850) 488-2717

2686 CHAPMAN DR.
PANAMA CITY, FL 32405
TELEPHONE (850) 747-5425

3670-A NORTH L STREET
1ST FLOOR
PENSACOLA, FL 32505-5217
TELEPHONE (850) 595-5505

3111 SOUTH DIXIE HWY.
SUITE #123
WEST PALM BEACH, FL 33405
TELEPHONE (561) 837-5412

499 NORTHWEST 70TH AVENUE
SUITE #116
PLANTATION, FL 33317
TELEPHONE (954) 585-2660 or (954) 585-2668

12381 S. CLEVELAND AVE.
SUITE #506
FT. MYERS, FL 33907
TELEPHONE (239) 278-7239

9215 N. FLORIDA AVE.
SUITE #107
TAMPA, FL 33612
TELEPHONE (813) 930-7558

1718 MAIN ST.
SUITE #201
SARASOTA, FL 34236
TELEPHONE (941) 361-6022

400 WEST ROBINSON ST
ROOM #211 NORTH TOWER
ORLANDO, FL 32801
TELEPHONE (407) 245-0896

401 NW 2nd AVE.
SUITE #321 SOUTH TOWER
MIAMI, FL 33128
TELEPHONE (305) 377-5385