

# 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.? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes: <b>YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE</b>				
Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? <input type="checkbox"/> NO <input type="checkbox"/> 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)**

**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**

**11700 SAN JOSE BLVD.  
SUITE #3  
JACKSONVILLE, FL 32223  
TELEPHONE (904) 448-7990**

**4603 NW 6<sup>TH</sup> ST  
GAINESVILLE, FL 32609  
TELEPHONE (352) 955-2018**

**2012 CAPITAL CIRCLE SE  
SUITE #209 HARTMAN BLDG.  
TALLAHASSEE, FL 32399-2161  
TELEPHONE (850) 414-1237 or (850) 488-2717**

**1002 W 23<sup>RD</sup> ST  
SUITE #230  
PANAMA CITY, FL 32405  
TELEPHONE (850) 747-5425**

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

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

**1415 EAST SUNRISE BLVD.  
SUITE #300A  
FT. LAUDERDALE, FL 33304  
TELEPHONE (954) 467-4610**

**12381 S. CLEVELAND AVE.  
SUITE #506  
FT. MYERS, FL 33907  
TELEPHONE (941) 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) 361-6025 or (941) 361-6021**

**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**

**INTERNET ACCESS TO THE DIVISION OF WORKERS' COMPENSATION  
<http://www2.myflorida.com/les/wc/>**