

NOTE – This form must be submitted as part of an application packet.

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

Workers’ Compensation Exemption Affidavit

| APPLICANT INFORMATION |
|------------------------|
| Applicant Name: |
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| Workers’ Compensation Exemption Affidavit |
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| I am eligible for the workers’ compensation exemption as provided in Section 440.05, Florida Statutes, and will obtain the exemption within 30 days of issuance of my license. |
| Giving knowingly misleading statements or knowing misrepresentation when applying for a license constitutes a felony of the third degree and may result in licensure denial or revocation. |
| Under penalties of perjury, I declare that I read the foregoing document and that the facts stated in it are true. |
| Signature: _____ |
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