

NOTICE OF ELECTION TO BE EXEMPT

Please refer to the enclosed instructions before completing this form.

SECTION 1: I am applying for exemption as a (Please check only one box in this section):

CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (\$50 APPLICATION FEE REQUIRED)

Officer of a Corporation (Title): _____) -OR- Member of a Limited Liability Company (LLC)

NON-CONSTRUCTION INDUSTRY "CORPORATE OFFICER" (NO FEE REQUIRED)

Officer of a Corporation (Title): _____)

An officer electing an exemption under chapter 440 Florida Statutes is not entitled to benefits under this chapter.

SECTION 2. To be eligible for an exemption, the corporation of which you are an officer or the limited liability company of which you are a member must be registered with the Division of Corporations of the Department of State. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Division of Corporations of the Department of State. Please list the registration number (document number shown on your Uniform Business Report) on file with the Division of Corporations. _____

SECTION 3. This exemption application applies only to the person signing the application, the Corporation/LLC that is listed below, and the scope of business or trade listed:

Corporation or LLC Name: _____ **FEIN:** _____ **Telephone:** _____

Business Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **County:** _____

Scope of Business or Trade of Applicant: 1. _____ 2. _____ 3. _____ 4. _____

SECTION 4. Please list all certified or registered licenses issued to the applicant pursuant to Chapter 489, F.S. (Contractor's License) _____

SECTION 5. Does the county or municipality in which your business is located require an occupational license for your business?

Yes No **IF YES, A COPY OF A CURRENT OCCUPATIONAL LICENSE MUST BE ATTACHED.**

SECTION 6. Are you affiliated with any corporation (including LLC) other than the corporation (including LLC) to which this application applies?

Yes No **IF YES, PLEASE LIST THE NAME(S) AND FEIN(S) OF THE AFFILIATED CORPORATION(S) OR**

LLC(S):

NAME: _____ **FEIN:** _____

SECTION 7. If your corporation or LLC is engaged in the construction industry, you must provide the required proof of ownership in the corporation or LLC.

- A. To be eligible for a construction industry exemption as an officer of a corporation, the applicant must be a shareholder, owning at least 10% of the stock of the corporation. **A COPY OF A STOCK CERTIFICATE EVIDENCING THE REQUIRED OWNERSHIP MUST BE ATTACHED.**
- B. To be eligible for a construction industry exemption as a member of a limited liability company (LLC), the applicant must confirm ownership of at least 10% of the company. **THE REQUIRED OWNERSHIP MAY BE ESTABLISHED BY PRODUCTION OF DOCUMENTATION REFLECTING THE REQUIRED OWNERSHIP, OR BY SUBMITTING A NOTARIZED STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP.**

SECTION 8.

FRAUD NOTICE

- A. Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree.
- B. Attestation of applicant - By signing below, I attest that I have read, understand and acknowledge the foregoing notice.

SIGNATURE OF APPLICANT

THIS APPLICATION IS CONTINUED ON THE REVERSE SIDE

NOTICE OF ELECTION TO BE EXEMPT – Page 2

SECTION 9. You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business. **Carrier Name:** _____

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, including any affiliated corporations as provided in §440.02 Florida Statutes; and that any non-exempt employees of the corporation or limited liability company (LLC) identified in section 3 of this notice are covered by workers' compensation insurance.

TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

_____/_____/_____
SOCIAL SECURITY NUMBER

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 _____

Please submit this completed form, along with any attachments and a \$50.00 application fee (construction industry applicants only) payable to the DFS WC Administration Trust Fund, to the District Office listed below that is closest to your place of business.

4415 Metro Parkway
Suite #300
Ft. Myers FL 33916
Telephone (239) 938-1840

921 N. Davis St.
Building B, Suite #250
Jacksonville, FL 32209
Telephone (904) 798-5806

1111 NE 25th Ave.
Suite #403
Ocala FL 34470
Telephone (352) 401-5350

3111 South Dixie Hwy.
Suite #123
West Palm Beach FL 33405
Telephone (561) 837-5716

1313 North Tampa Street
Suite #503
Tampa FL 33602
Telephone (813) 221-6506

610 E. Burgess Road
Pensacola, FL 32504-6320
Telephone (850) 453-7804

1718 Main St.
Suite #201
Sarasota FL 34236
Telephone (941) 329-1120

499 Northwest 70th Avenue
Suite #116
Plantation FL 33317
Telephone (954) 321-2906

TALLAHASSEE:
Walk-in submissions
2012 Capital Circle SE
Suite #102 Hartman Bldg.
Tallahassee FL 32399-2161
Telephone (850) 413-1609

401 NW 2nd Ave.
Suite S-321
Miami FL 33128-1740
Telephone (305) 536-0306

400 West Robinson St.
North Tower, Suite N512
Orlando FL 32801-1756
Telephone (407) 245-0896 or
(407) 835-4406

Mail in submissions
200 East Gaines Street
Tallahassee FL 32399-4228
Telephone (850) 413-1609

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

THIS APPLICATION IS CONTINUED FROM THE REVERSE SIDE