

# 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 25<sup>th</sup> 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 70<sup>th</sup> 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

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

**THIS APPLICATION IS CONTINUED FROM THE REVERSE SIDE**