

NOTICE OF ELECTION TO BE EXEMPT

Please thoroughly read the instructions before completing this application. Print legibly in each data entry field. If this application contains incomplete or inaccurate information or if the handwriting is not legible, it may cause a delay in the issuance of your exemption.

SECTION 1:

Applicant Name (please print): _____

Applicant's social security number or individual taxpayer ID: _____ / _____ / _____

Applicant's E-mail address (optional): _____

SECTION 2: I am applying for exemption as a (You must check only one box in this section):

CONSTRUCTION INDUSTRY (\$50 FEE REQUIRED)

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

NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)

Officer of a Corporation (Title): _____

The Division will accept a money order, a cashier's check, or an electronic payment made payable to the DFS WC Administration Trust Fund.

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

SECTION 3. 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 Florida Division of Corporations. For applicants applying as an officer of a corporation, you must be listed as an officer of the Corporation with the Florida Division of Corporations. List the document number (document number shown on your Annual Report) on file with the Florida Division of Corporations.

SECTION 4. 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:

Name of Corporation or LLC: _____ FEIN: _____

Business Name: _____ AS REGISTERED WITH THE FLORIDA DIVISION OF CORPORATIONS
IF APPLICABLE - LIST FICTITIOUS NAME; DOING BUSINESS AS (DBA); ALSO KNOW N AS NAME (AKA) Phone: () _____

Business Mailing Address: _____
INCLUDE APARTMENT OR SUITE NUMBER

City: _____ State: _____ Zip: _____ County: _____

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

SECTION 5. List all certified or registered licenses issued pursuant to Chapter 489, F.S. held by the applicant, or the certified or registered license numbers held by the qualifier for the corporation or LLC listed on this application of which the applicant is a corporate officer: _____

SECTION 6. 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 7. 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 8. 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, 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 STATEMENT ATTESTING TO THE REQUIRED OWNERSHIP.**

THIS APPLICATION IS CONTINUED ON PAGE 2

SECTION 9.

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

SECTION 10. 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.

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 mail or submit your completed application, application fee, and any required attachments to the district office nearest your place of business.

4415 Metro Parkway Suite #300 Ft. Myers FL 33916 Telephone (239) 938-1840	921 N. Davis Street Building B, Suite #250 Jacksonville, FL 32209 Telephone (904) 798-5806	401 NW 2nd Avenue Suite #321, South Tower Miami FL 33128 Telephone (305) 536-0306
610 E. Burgess Road Pensacola, FL 32504-6320 Telephone (850) 453-7804	400 West Robinson Street Room #512, North Tower Orlando FL 32801 Telephone (407) 835-4406 or (407) 245-0896	1111 NE 25 th Avenue Suite #403 Ocala FL 34470 Telephone (352) 401-5350
3111 S. Dixie Highway Suite #123 West Palm Beach FL 33405 Telephone (561) 837-5716	499 Northwest 70 th Avenue Suite #116 Plantation FL 33317 Telephone (954) 321-2906	TALLAHASSEE SUBMITTERS
1718 Main Street, Suite 201 Sarasota FL 34236 Telephone (941) 329-1120	1313 N. Tampa Street Suite #503 Tampa FL 33602 Telephone (813) 221-6506	<i>Walk-in submissions:</i> 2012 Capital Circle SE Suite #102, Hartman Bldg. Tallahassee FL 32399-2161 Telephone (850) 413-1609
	<i>Mail in submissions:</i> 200 East Gaines Street Tallahassee FL 32399-4228 Telephone (850) 413-1609	Effective/Issue Date: _____ Expiration Date: _____ Control Number: _____ Postmark Date: _____ Received Date: _____ Payment Number: _____