

## 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:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**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)** - The Division will accept a money order or a cashier's check made payable to the **DFS WC ADMINISTRATION TRUST FUND**.

Officer of a Corporation (Title): \_\_\_\_\_ **-OR-**  Member of a Limited Liability Company (LLC)

**NON-CONSTRUCTION INDUSTRY (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 3.** The corporation of which you are an officer or the limited liability company of which you are a member must be registered and in an active status with the Florida Division of Corporations. Applicants applying as an officer of a corporation 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: \_\_\_\_\_

AS REGISTERED WITH THE FLORIDA DIVISION OF CORPORATIONS

Business Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

IF APPLICABLE - LIST FICTITIOUS NAME; DOING BUSINESS AS (DBA); ALSO KNOWN AS NAME (AKA)

Applicant's Address of Record: \_\_\_\_\_

INCLUDE APARTMENT OR SUITE NUMBER

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Scope of Business or Trade: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**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.** If you have submitted an electronic payment for this application, write the transaction confirmation number in the following space: \_\_\_\_\_

**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 Division of Workers' Compensation** at the district office nearest your place of

2295 Victoria Avenue, Suite 163  
Ft. Myers, FL 33901  
Telephone (239) 461-4006

921 North Davis Street  
Building B, Suite #250  
Jacksonville, FL 32209  
Telephone (904) 798-5806

499 Northwest 70<sup>th</sup> Ave., Suite # 116  
Plantation FL 33317  
Telephone (954) 321-2906

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

**TALLAHASSEE SUBMITTERS**

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

3111 S. Dixie Highway, Suite # 123  
West Palm Beach FL 33405  
Telephone (561) 837-5716

401 NW 2<sup>nd</sup> Avenue  
Suite #321, South Tower  
Miami FL 33128  
Telephone (305) 536-0306

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

1313 N. Tampa Street, Suite # 503  
Tampa FL 33602  
Telephone (813) 221-6506

**STATE USE ONLY**

Effective/Issue Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Control Number: \_\_\_\_\_

Postmark Date: \_\_\_\_\_

Payment Number: \_\_\_\_\_

Received Date: \_\_\_\_\_

"The collection of the social security number on this form is specifically authorized by Section 440.05(3), Florida Statutes. The social security number will be used as a unique identifier in Division of Workers' Compensation database systems for individuals who have applied for and/or been issued a certificate of election to be exempt. It will also be used to identify information and documents in those database systems regarding individuals who have applied for and/or been issued a certificate of election to be exempt for internal agency tracking purposes and for purposes of responding to both public records requests and subpoenas that require production of specified documents. The social security number may also be used for any other purpose specifically required or authorized by state or federal law."