

I, _____ certify that I am an

(Please Print)

INDIVIDUAL CONTRACTOR / OR PARTNERSHIP WITH NO EMPLOYEE / OR

EMPLOYEES. I am therefore exempt from providing Workman's Compensation coverage as required by Act 44, Senate Bill No. 1.

CONTRACTOR'S LICENSE NUMBER _____

CONTRACTOR'S SOCIAL SECURITY NUMBER _____ - _____ - _____

CONTRACTOR'S FEDERAL NUMBER _____

(Witness)

(Applicant)

DATE _____

- OR -

Sworn and subscribed to before me this _____ day of

_____ 20_____.

(Notary's Signature)

(Applicant's Signature)