

**AFFIDAVIT OF COMPLIANCE FOR  
WORKER'S COMPENSATION**

(This form must be signed by the licensed holder only, and may be used in cases where an authorized signer for the contractor may have signed the building permit application form, instead of the license holder)

**I do hereby swear and affirm that I am in full compliance with Florida's Worker's Compensation Law, and that coverage has been secured or a valid certificate of exemption has been obtained.**

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Licensed Contractor's Signature Only

**I hereby certify that on this day, before me, as an officer duly authorized in the state and county aforesaid to take acknowledgements, personally appeared \_\_\_\_\_ who is personally known to me, or who has produced \_\_\_\_\_ as identification , and who did / did not take an oath.**

**Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.**

\_\_\_\_\_  
**Notary Public**

**Note: This form MUST be notarized and MUST be signed by the license holder only**