

REVOCATION OF ELECTION TO BE EXEMPT

STATE USE ONLY
Effective/Issue Date: <hr/>
Control Number: <hr/>
Postmark Date: <hr/>
Received Date: <hr/>

PLEASE TYPE OR PRINT

<p>I hereby revoke an exemption I currently hold as a (check only one box in this section):</p> <p>CONSTRUCTION INDUSTRY</p> <p><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer (your corporate title: _____) -OR-</p> <p>NON-CONSTRUCTION INDUSTRY</p> <p><input type="checkbox"/> Corporate Officer (your corporate title: _____)</p>

THIS REVOCATION OF ELECTION TO BE EXEMPT APPLIES ONLY TO THE <u>PERSON</u> SIGNING THE REVOCATION AND ONLY TO THE BUSINESS ENTITY LISTED IN THE <u>FOLLOWING</u> SECTION:			
Business Name:		Trade Name; d/b/a; or a/k/a:	
Business Mailing Address:		City:	State:
County:		Phone No.: ()	FEIN:
Unemployment Compensation Tax No:	Date Business Established:	No. of Employees:	Sec. Of State, Div. Of Corp. Reg. No.:

I UNDERSTAND THAT IF I AM A SOLE PROPRIETOR, PARTNER, OR CORPORATE OFFICER AND I AM A SUBCONTRACTOR I MUST NOTIFY MY CONTRACTOR THAT I HAVE REVOKED MY EXEMPTION.

NOTIFICATION THAT YOU HAVE CHOSEN TO REVOKE YOUR EXEMPTION FROM CHAPTER 440, FLORIDA STATUTES SHALL BE GIVEN BY THE DIVISION TO ANY INSURER ON RECORD WITH THE DIVISION AS A PROVIDER OF WORKERS' COMPENSATION INSURANCE TO THE BUSINESS ENTITY NAMED HEREIN.

TYPE/PRINT NAME OF EXEMPTION HOLDER

SOCIAL SECURITY NO.

SIGNATURE OF EXEMPTION HOLDER

DATE SIGNED

**SUBMIT THIS FORM TO THE DISTRICT OFFICE LISTED BELOW
THAT IS CLOSEST TO YOUR PLACE OF BUSINESS:**

WORKERS' COMPENSATION COMPLIANCE FIELD OFFICES

**11700 SAN JOSE BLVD.
SUITE #3
JACKSONVILLE, FL 32223
TELEPHONE #(904) 448-7990**

**4603 NW 6TH ST
GAINESVILLE, FL 32609
TELEPHONE # (352) 955-2018**

**2810 SHARER RD.
SUITE #27
TALLAHASSEE, FL 32312
TELEPHONE #(850) 414-1237 or #(850) 488-2717**

**1002 W 23RD ST
SUITE 230
PANAMA CITY, FL 32405
TELEPHONE # (850) 747-5425**

**3670-A NORTH L STREET
1ST FLOOR
PENSACOLA, FL 32505-5217
TELEPHONE # (850) 595-5505**

**3111 SOUTH DIXIE HWY.
SUITE # 123
WEST PALM BEACH, FL 33405
TELEPHONE # (561) 837-5412**

**1415 EAST SUNRISE BLVD.
SUITE # 300A
FT. LAUDERDALE, FL 33304
TELEPHONE #(954) 467-4610**

**12381 S. CLEVELAND AVE.
SUITE # 506
FT. MYERS, FL 33907
TELEPHONE # (941) 278-7239**

**9215 N. FLORIDA AVE.
SUITE #107
TAMPA, FL 33612
TELEPHONE #(813) 930-7558**

**1718 MAIN ST.
SUITE # 201
SARASOTA, FL 34236
TELEPHONE # (941) 361-6025 or # (941) 361-6021**

**400 WEST ROBINSON ST
RM. #601 NORTH TOWER
ORLANDO, FL 32801
TELEPHONE #(407) 245-0896**

**401 NW 2nd AVE.
SUITE # 321-S
MIAMI, FL 33128
TELEPHONE # (305) 377-5385**

INTERNET ACCESS TO THE DIVISION OF WORKERS' COMPENSATION
<http://www.fdles.state.fl.us/wc/>