

NOTICE OF ELECTION TO BE EXEMPT

**Please refer to the written instructions prepared by the
Division of Workers' Compensation before completing this form.**

By filing this application, you elect to be exempt from the provisions of Chapter 440, Florida Statutes and waive any right you may have to workers' compensation benefits in the State of Florida should you become injured on the job. Any person who knowingly and with intent to injure, defraud, or deceive the Division or any employer, employee, or insurance company or purposes program, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. Certain documentation is required by law to be attached to this application-refer to the instruction sheet for more details.

STATE USE ONLY
Effective/Issue Date: _____
Expiration Date: _____
Control Number: _____
Postmark Date: _____
Received Date: _____

I am applying for exemption as a (check only one box in this section):
CONSTRUCTION INDUSTRY (\$ 50.00 FEE REQUIRED)
 Sole Proprietor Partner Corporate Officer (your corp. title: _____) **-OR-**
NON-CONSTRUCTION INDUSTRY (NO FEE REQUIRED)
 Corporate Officer (your corp. title: _____)

CORPORATE OFFICERS AND PARTNERS: List the registration number of your business on file with the Division of Corporations, Department of State's Office (NOTE: your partnership may not have one, but all corporations must have one. If your partnership doesn't have one, state "N/A"): _____

**THIS EXEMPTION APPLICATION APPLIES ONLY TO THE PERSON SIGNING THE APPLICATION
AND ONLY FOR THE BUSINESS ENTITY LISTED IN THE FOLLOWING SECTION**

Business Name:		Trade Name; d/b/a; or a/k/a:	
Business Mailing Address:		City:	State:
County:	Phone No.: ()	Nature of Business:	FEIN:
Unemployment Compensation Tax No:	Date Business Established:	No. of Employees:	

Are you required to be registered or certified pursuant to Chapter 489, F. S.? No Yes: list all certified or registered licenses issued to you pursuant to Chapter 489, Florida Statutes _____

Are you or a qualifier for your business required by the county or the municipality in which your business mailing address is located to have an occupational license for the business which is the subject of this application? No Yes:
YOU MUST ATTACH A COPY OF A CURRENT OCCUPATIONAL LICENSE

Are you employed by any sole proprietorship, partnership, corporation or business entity other than the business to which this application applies? NO YES list the name of all other businesses in which you are employed: _____

Has the above-referenced business entity been in operation long enough to have filed with or be required to file by the IRS, an annual Federal Income Tax Return? No Yes, You must attach tax records. See instruction sheet for details.

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 or partners as provided in §440.02 Florida Statutes; and that I will secure the payment of workers' compensation benefits, pursuant to Chapter 440, Florida Statutes, for any employee I now have or may hereinafter acquire, for which my business is required by Florida law to secure such benefits.

TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION	SOCIAL SECURITY NO.	mo. day yr. DATE OF BIRTH
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 _____
LES FORM BCM-250 Revised February 2000 (SEE REVERSE FOR ADDITIONAL INFORMATION)

CONSTRUCTION INDUSTRY APPLICANTS:
YOU MUST ATTACH A \$50.00 PROCESSING FEE TO THIS FORM

**Please refer to the written instructions prepared by the
Division of Workers' Compensation before completing this form.
(instruction sheets are available at the offices listed below)**

**THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL REQUIRED
DOCUMENTATION AND FEES ARE ATTACHED TO IT.**

**SUBMIT THIS FORM ALONG WITH ALL ATTACHMENTS AND A \$50.00 PROCESSING FEE
(CONSTRUCTION INDUSTRY APPLICANTS ONLY) 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/>**