

WORKERS' COMPENSATION EXEMPTION FORM

(MUST BE COMPLETED FOR ALL BUILDING PERMIT APPLICATIONS)

Please check one of the following:

- Contractor with no employees.** **Notarization required** (Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof in insurance to the Township.)
- Religious exemption under the Workers' Compensation Law. **No Notarization required**

The Contractor swears or affirms that he/she is not required to provide workers' compensation insurance under the provisions of the Pennsylvania Workers' Compensation Law for one of the above reasons, as indicated.

Name of Applicant:

Print

Signature

Address

Phone/Email

COMMONWEALTH OF PENNSYLVANIA)

) SS:

COUNTY OF YORK)

On this, the _____ day of _____, 20_____, before me a notary public, the undersigned officer personally appeared _____, known to me, or satisfactorily proven to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public

My Commission Expires: _____