

STATE OF _____)
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COUNTY OF _____)

AFFIDAVIT OF SELF EMPLOYMENT EXEMPTION
UNDER THE WORKERS' COMPENSATION ACT

I _____ (Printed Name), being first duly sworn upon oath deposes and states the following:

1. I am applying for a contractor's license for my company through the State of Arizona's Registrar of Contractors office.
2. I am aware that as a condition of licensure that my company must comply with the Workers' Compensation Act.
3. I am self-employed. Therefore I am not an employer subject to the provisions of A.R.S. § 23-902.
4. I do not currently and will not in the future employ workers regularly employed in my business or trade under a contract for hire.
5. I do not currently and will not in the future regularly employ workers for any portion of the year in my business or trade as an employer.
6. I do not currently and will not in the future procure work by an independent contractor over whose work I retain supervision or control, that is done in the regular course of my business or trade.
7. I may in my business use the services of an independent contractor to perform work done in the regular course of my business or trade. In the event that I use the services of an independent contractor, such use shall be evidenced by a written agreement that the business does not have the authority to supervise or control the actual work of the independent contractor and/or his/her employees. The written agreement will contain a disclosure statement that the independent contractor is not entitled to workers' compensation by the business and shall comply with all provisions of A.R.S. § 23-902(D). When independent contracting services other than professional services are retained, any independent contractors hired will either be licensed, or will not perform services that would require a contractor's license (see A.R.S. §32-1154(A)(10)).
8. I am aware that if at any time during the time of licensure that I and/or my company becomes an employer as defined by A.R.S. § 23-902, that it will immediately comply with all provisions of the Workers' Compensation Act.
9. I am aware that if I and/or my company becomes an employer as previously stated and I/it fails to comply with the Workers' Compensation provisions, that this is an immediate cause for discipline of the license.
10. I have authority on behalf of my company as its owner, partner, member, manager, managing member, officer or director to sign this affidavit.

Printed Name

Signature

Applicant Company Name

Subscribed and Sworn to before me this
____ day of _____, 20____

NOTARY PUBLIC (Printed Name)

My Commission Expires

Signature