



DuPage County

Department of Economic Development & Planning

GENERAL CONTRACTOR/CONSTRUCTION MANAGER/SUB-CONTRACTOR

Affidavit of employment/workers compensation exemption

(attach to application)

YOUR NAME: _____
(Please Print)

Business Name: _____

Mailing Address: _____

Phone Number(s): _____

Certification:

I hereby certify that I will be the only employee of my business providing the service(s) outlined and provided in the DUPAGE COUNTY CONTRACTOR'S REGISTRATION APPLICATION.

I hereby acknowledge that proof of workers compensation insurance will be provided for anyone else working on my behalf.

I also acknowledge that if found in violation of this provision, my DUPAGE COUNTY CONTRACTOR'S REGISTRATION may be suspended or revoked at such time.

Signature

Date

Subscribed and sworn to before me
This ____ day of _____, _____

(Notary Public)