



# DuPage County

## Building & Zoning Department

**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)