



**Marion County
Board of County Commissioners**

Building ♦ Licensing

2710 E. Silver Springs Blvd.
Ocala, FL 34470
Phone: 352-438-2428
Fax: 352-438-2430

AFFIDAVIT OF COMPLIANCE FOR WORKERS COMPENSATION

I do hereby swear and affirm that I am in full compliance with Florida's Workers Compensation Law, and that coverage has been secured or a valid certificate of exemption has been obtained.

I declare that I have _____ employees. I declare that before hiring any employees I will obtain Workers Compensation Insurance coverage and will furnish proof to the Marion County Building Department (Licensing Division).

The Marion County Building Department must be notified immediately upon any changes in the number of employees.

Name of Licensed Contractor (Please Print)

License Number

Signature of Licensed Contractor

Sworn before me on: _____

Month/Day/Year

_____ Know Personally

_____ Produced Identification: _____

Type of Identification

Signature of Notary Public

(Seal)