



REPRESENTING  
**ALEX SINK**  
 CHIEF FINANCIAL OFFICER  
 STATE OF FLORIDA

## REQUEST FOR DUPLICATE EXEMPTION

### SECTION 1.

Name of Corporation or LLC: \_\_\_\_\_ FEIN: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
STREET or PO BOX      APT/STE#      CITY      STATE      ZIP

### Reason For Duplicate Exemption:

Original Certificate of Election To Be Exempt was:     Never Received     Lost     Stolen     Destroyed

Other Reason: \_\_\_\_\_

Please Explain

### SECTION 2.

#### FRAUD NOTICE

- Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a notice of election to be exempt containing any false or misleading information is guilty of a felony of the third degree.
- Attestation of applicant - By signing below, I attest that I have read, understand and acknowledge the foregoing notice.

\_\_\_\_\_

SIGNATURE OF APPLICANT

**AFFIDAVIT OF APPLICANT:** I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers, including any affiliated corporations as provided in §440.02 Florida Statutes; and that any employees of the corporation or limited liability company (LLC) are covered by workers' compensation insurance.

\_\_\_\_\_  
 TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_ Type of Identification Produced \_\_\_\_\_

NOTARY SIGNATURE \_\_\_\_\_ My Commission Expires \_\_\_\_\_

**PLEASE SEE INSTRUCTIONS FOR COMPLETING THIS FORM ON THE REVERSE SIDE**

• • •

DIVISION OF WORKERS' COMPENSATION • BUREAU OF COMPLIANCE  
 200 EAST GAINES STREET • TALLAHASSEE, FLORIDA 32399-4228 • (850) 413-1609 • FAX (850) 922-1028

Affirmative Action / Equal Opportunity Employer

## INSTRUCTIONS

Only individuals who hold a valid Certificate of Election to Be Exempt, or a valid Re-Issuance of Construction Industry Certificate of Exemption should use this form. **This form cannot be used to apply for a new exemption or to renew an exemption.**

### SECTION 1:

- A. List the name, of the Corporation or Limited Liability Company as it appeared on the original Certificate of Election to Be Exempt.
- B. List the completed 9 digit Federal Employer Identification Number (FEIN) belonging to the Corporation/Limited Liability Company.
- C. List the name of the person as it appeared on the original Certificate of Election to Be Exempt.
- D. List a daytime telephone number, including area code, where someone can be reached regarding any questions that may arise.
- E. List the complete business mailing address including apartment or suite number. This will be the address to which the duplicate Certificate of Election to Be Exempt will be mailed. Please remember to contact the Division whenever there is a change of address so that our records will remain current.
- F. Please provide the reason for requesting a duplicate Certificate of Election to Be Exempt.

### SECTION 2:

#### **FRAUD NOTICE**

Each applicant must read the fraud notice and provide his or her signature in the appropriate area. The signature is an attestation that the fraud notice was read, understood and acknowledged.

#### **AFFIDAVIT OF APPLICANT**

An affidavit is a sworn statement in writing made under oath or on affirmation before an authorized officer. This section should be completed after careful review of the statement being attested to. Type or print your name in the space provided. The application should not be signed or dated until you are in the presence of a notary public.

#### **NOTARY PUBLIC**

The Request For Duplicate Exemption application must be notarized prior to submission. Please assure that the Notary has signed in the proper area and stamped the document with their Notary stamp which contains their ID and expiration date.

This application may be mailed or hand delivered to the District Office listed below that is closest to your business:

**2295 Victoria Avenue  
Suite #163  
Ft. Myers, FL 33901  
Telephone (239) 461-4006**

**921 N. Davis St.  
Building B, Suite #250  
Jacksonville FL 32209  
Telephone (904) 798-5806**

**401 NW 2nd Ave.  
Suite #321 South Tower  
Miami FL 33128  
Telephone (305) 536-0306**

#### **TALLAHASSEE SUBMITTERS**

*Walk-in submissions:*  
**2012 Capital Circle SE  
Suite #102 Hartman Bldg.  
Tallahassee FL 32399-2161  
Telephone (850) 413-1609**

**400 West Robinson St.  
Room #512 North Tower  
Orlando FL 32801  
Telephone (407) 245-0896**

**1111 NE 25<sup>th</sup> Ave.  
Suite #403  
Ocala FL 34470  
Telephone (352) 401-5350**

**3111 South Dixie Hwy.  
Suite #123  
West Palm Beach FL 33405  
Telephone (561) 837-5716**

*Mail in submissions:*  
**200 East Gaines Street  
Tallahassee FL 32399-4228  
Telephone (850) 413-1609**

**Live Oak Business Center  
5969 Cattlemen Lane  
Sarasota, FL 34232  
Telephone (941) 329-1120**

**1313 N. Tampa St.  
Suite #503  
Tampa FL 33602  
Telephone (813) 221-6506**

**499 Northwest 70<sup>th</sup> Ave.  
Suite #116  
Plantation FL 33317  
Telephone (954) 321-2906**

**610 E. Burgess Road  
Pensacola FL 32504-6320  
Telephone (850) 453-7804**