



Development Services Department
Customer Service Center
 One Exchange Plaza, Suite 400
 Raleigh, North Carolina 27601
 Phone 919-996-2500 Fax 919-516-2685

Workers Compensation Exception Form

Business Name:

Address:

Contact Name:

Phone number:

Email address:

G.S. Chapter 87-14 & 97 Wake County, North Carolina

Please initial all that apply:

1	As a licensed General contractor of the State of North Carolina, I hereby certify that I have obtained Worker's Compensation as required by G.S. Chapter 97.	
2	I am providing a Certificate of Insurance for Worker's Compensation Insurance (attached) to the Development Services Customer Service Center.	
3	I will maintain the required Worker's Compensation Insurance for the entire duration of any construction for which permits have been issued.	
4	As a licensed or non licensed General Contractor of the State of North Carolina, I hereby certify that I am exempt from the requirements of G.S. Chapter 97, requiring Worker's Compensation Insurance for General Contractor's employing three or more employees.	
5	If at any time I employ three or more employees, I will provide the Inspections Department, from which I have obtained permits under an exempt status, with the required Certificate of Insurance.	
6	I have obtained a local business license as required by ordinance, and have attached a copy.	

Signature of Licensed or Non-Licensed Contractor _____

Notary Public

Seal

Sworn to and subscribed before this _____ day of _____, 20_____.

Notary Public _____

My commission expires _____