



WORKERS COMPENSATION EXEMPTION LETTER

TO: CITY OF NORTH MIAMI DEPARTMENT OF BUILDING AND ZONING
12340 N.E. 8TH AVENUE
NORTH MIAMI, FL 33161

DATE: _____

FROM (Company Name): _____

CONTRACTOR'S NAME: _____

ADDRESS: _____

PHONE NO: _____ LICENSE NUMBER: _____

This letter will confirm that we shall not employ any workers on the following listed project other than myself and properly licensed and insured subcontractors. If any subcontractors should be hired they will register all proper license and insurance with the City under said permit.

PROJECT DESCRIPTION: _____

PROJECT LOCATION: _____

NORTH MIAMI, FL (ZIP) _____

Qualifier Signature

ADMINISTERED OATH

SWORN TO AND SUBSCRIBED TO ME THIS ____ DAY OF _____, 2____.

Signature of Notary

Print, type or stamp Commissioned Name _____

Personally Known ____ or Produced I.D. ____ I.D. Type _____