WORKER'S COMPENSATION EXEMPTION CERTIFICATE

I, _____ ,
Please Print Name

as owner / partner / stockholder (circle one) of _____
Please Print Business Name

located at:_____
Address City/State Zip

being operated as Sole Proprietorship / *Partnership / **Corporation (circle one), certify this company has no employees as defined by the State of Colorado Worker's Compensation Law and that no individual performs services for pay except for the owner, partner or stockholders listed below and is therefore exempt from and not required by Colorado law to have worker's compensation insurance.

If the company's status changes in such a manner that requires Worker's Compensation Insurance, the City of Pueblo Business License will be immediately cancelled and all business must be suspended until such insurance has been obtained and proof of insurance coverage provided to the City of Pueblo Business Licenses Office.

_____
Name (Please Print) ***Signature Title Date

_____
Name (Please Print) ***Signature Title Date

_____
Name (Please Print) ***Signature Title Date

_____
Name (Please Print) ***Signature Title Date

***If Partnership, the partnership agreement must be submitted with this form.**

****If Corporation, a Colorado Department of Labor and Employment Division of Workers' Compensation form WC43 must be submitted with this form.**

*****By signing this form, you are acknowledging that you are responsible to pay all federal, state and local taxes and are responsible and liable for all work-related injures.**

State of Colorado)
S.S.
County of Pueblo)

On this _____day of _____, 20____, before me personally

appeared, _____
_____

whose identity was proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is (are) subscribed to this instrument, and acknowledged that he (she) (they) executed the same.

S
E
A
L

_____
Notary Public

Expires On: _____