



Exemption from Workers' Compensation

Before the Contractors State License Board can issue a new license or reinstate, reactivate or renew an existing license, the applicant or licensee must have on file a Certificate of Workers' Compensation Insurance or a Certificate of Self-Insurance issued by the Director of Industrial Relations, or must obtain an exemption.

To be exempt from Workers' Compensation, an applicant or licensee must submit this form to the CSLB, certifying under penalty of perjury that he or she does not employ anyone in a manner that is subject to the Workers' Compensation laws of California. (See Business and Professions Code Section 7125.)

- Do not submit this form if you have an inactive license—it is not required.
Do not submit this form if the license Qualifier is a Responsible Managing Employee (RME).
Do not submit this form if you have employees.

For exemption from Workers' Compensation, check only one box below:

- I am an out-of state contractor, and I do not hire employees who reside in California. (Please provide a certificate of insurance from your workers' compensation insurance carrier.)
I do not employ anyone in a manner subject to the Workers' Compensation laws of California.

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

Form with fields for BUSINESS NAME, LICENSE OR APPLICATION FEE NUMBER, BUSINESS MAILING ADDRESS (Number/Street or P.O. Box), City, State, ZIP Code, BUSINESS PHONE NUMBER, FAX NUMBER, and E-MAIL ADDRESS.

Check this box if the above address is new.

FALSIFICATION OF ANY DOCUMENT IS GROUNDS FOR DISCIPLINARY ACTION.

I certify under penalty of perjury under the laws of the State of California that the information provided on this exemption statement is true and accurate. I understand that, upon employing anyone in a manner that is subject to the workers' compensation law of the State of California, the claim of exemption executed under this form will no longer be valid. I also understand that, as soon as I employ anyone subject to California's workers' compensation law, I must obtain a Certificate of Workers' Compensation Insurance, submit that certificate to CSLB within 90 days of its effective date, and continuously maintain the coverage provided by the certificate in accordance with the law. I further understand that failure to comply with this requirement is grounds for disciplinary action.

On DATE at CITY/COUNTY/STATE

Signature of Owner, Partner, or Officer

Print Name



Notice on Collection of Personal Information

CSLB collects the personal information requested on this form as authorized by B&P Code § 30 and CCR 816. CSLB uses this information to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation. Submission of the requested information is mandatory. CSLB cannot consider your application for licensure or renewal unless you provide all of the requested information. You may review the records maintained by the CSLB that contain your personal information, as permitted by the Information Practices Act. We make every effort to protect the personal information you provide us, however it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act; to another government agency as required by state or federal law; or in response to a court or administrative order, a subpoena, or a search warrant. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Office of Privacy Protection, 400 R Street, Sacramento, CA 95814, or email privacy@dca.ca.gov.