

**This form is to be used ONLY when your company is exempt from carrying Workers’ Compensation under the Louisiana Workers’ Compensation Laws.**

**Louisiana Workers’ Compensation Exemption Affidavit**

**If you hold multiple licenses, one (1) affidavit will suffice for all licenses.**

**EMPLOYING ENTITY**

Full Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select the TYPE OF BUSINESS: 🞎 Corporation 🞎 LLC 🞎 Sole Proprietorship 🞎 Partnership

Please indicate owner(s) claiming exemption and the percentage of the ownership in the space provided:

**Name of owner(s) claiming exemption** **Percentage of Ownership Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Note: By signing this affidavit, each owner affirms under the penalties of perjury that the information contained in this affidavit are true and correct. This document does not serve as proof of exemption, it only serves as documentation that the company owner(s) attest to being exempt under the Louisiana Workers’ Compensation Laws.**

**THIS OATH MUST BE TAKEN BEFORE AN OFFICER AUTHORIZED TO ADMINISTER OATHS**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am self-employed or an owner and I have no employees; therefore, I am exempt from the requirement to carry workers’ compensation insurance. If in the future, I should hire any employees that do not hold a percentage of the company, I will obtain workers’ compensation insurance coverage and submit a certificate of insurance to the State Plumbing Board immediately.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Witness**

**Subscribed and sworn to before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.**

**Notary**

**Signature of Notary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**www.spbla.com**