



CONTRACTORS STATE LICENSE BOARD

9821 Business Park Drive, Sacramento, CA 95827
Mailing Address: P.O. Box 26000, Sacramento, CA 95826
800-321-CSLB (2752) www.cslb.ca.gov

STATE OF CALIFORNIA
Arnold Schwarzenegger, Governor

Exemption from Workers' Compensation

Before the Contractors State License Board (CSLB) 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 by completing and submitting this form.

To be exempt from workers' compensation, an applicant or licensee must submit this form to 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.
- The license qualifier is a Responsible Managing Employee (RME).
- You hold a C-39 Roofing classification – **all** contractors with a C-39 Roofing classification are required by Section 7125 to have a Certificate of Workers' Compensation Insurance or a Certificate of Self-Insurance on file with the Board. **Contractors with a C-39 Roofing classification are not eligible for exemption from workers' compensation.**
- You have employees.

For exemption from workers' compensation, complete the requested information, check only one of the boxes, and date and sign the form.

Please type or print neatly and legibly in black or dark blue ink.

SECTION 1 – BUSINESS NAME AND ADDRESS

FULL BUSINESS NAME (as it appears on the license)			CSLB LICENSE OR APPLICATION FEE NUMBER	
BUSINESS MAILING ADDRESS	number/street or P.O. box	city	state	ZIP code
BUSINESS STREET ADDRESS	number/street only – NO P.O. boxes	city	state	ZIP code
BUSINESS PHONE NUMBER	BUSINESS FAX NUMBER	BUSINESS E-MAIL ADDRESS		
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CHECK THIS BOX IF THE ABOVE ADDRESS IS NEW.

SECTION 2 – REQUIRED CHECK BOX

YOU MUST CHECK ONLY ONE OF THE BOXES BELOW.

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

SECTION 3 – REQUIRED SIGNATURE

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 laws 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 the California's workers' compensation laws, 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. (*The definition of "perjury" is telling a lie while under oath.*)

Date	Signature of Contractor (Owner, Partner, or Officer)	Printed Name of Contractor (Owner, Partner, or Officer)
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NOTICE ON COLLECTION OF PERSONAL INFORMATION

CSLB collects the personal information requested on this form as authorized by Business and Professions Code Section 30 and California Code of Regulations Section 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 CSLB that contain your personal information, as permitted by the Information Practices Act. CSLB makes 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 Information Security and Privacy Protection at 1325 J Street, Suite 1650, Sacramento, CA 95814 or by e-mail to privacy@oispp.ca.gov.

FOR CSLB USE ONLY

