

WORKER'S COMPENSATION EXEMPTION AFFIDAVIT

Form should be completed by an officer of a sole proprietorship or a corporation with three (3) or less employees. Form must be signed and notarized.

This is to verify that

Company Name: ABC Fire Equipment Company, FireTech Industries, Inc., David Lee

Address: 206 Isabella Street

City, State, Zip Code: Waycross, GA 31501

is a (Circle One) Sole Proprietorship or **Corporation/Partnership**

and has 3 employees, other than his/her self.

Under the terms of Georgia Worker's Compensation regulations, it is NOT necessary for the above named company to carry Worker's Compensation Insurance.

Approved by Authorized Representative of Contractor

Company Name: ABC Fire Equipment Company

Address: 206 Isabella Street

City, State, Zip Code: Waycross, GA 31501

Authorized Signature: *Catrina Douglas*

Printed Signature: Catrina Douglas

Printed Title of Signer: Certified Fire Equipment Specialist

Date of Signature: 03/01/2016

Norberto Bonilla *Norberto Bonilla* June 26, 2018
Notary Printed Name & Signature Date of Expiration Seal

