

AFFIDAVIT OF EXEMPTION

State of Tennessee, City of Milan, Gibson County

I, _____, being first duly sworn, make oath that I (or the business for which a building permit is sought) am exempt from the provisions of Tennessee Code Annotated, Section 13-7-211 for the following reasons:

(check one)

_____ I am not required by Title 50, Chapter 6 to obtain Worker’s Compensation Coverage. *

(A) A common carrier doing an interstate business while engaged in interstate commerce which is already regulated as to employer’s liability or worker’s

(B) Domestic servants and employers thereof; nor to farm or agricultural laborers and employers thereof;

(C) Sole proprietor/Partnership

(D) The State of Tennessee, counties thereof, or municipal corporations, unless the state, County, or municipal corporation has elected to be covered by the Worker’s Compensation laws.

_____ I am seeking a building permit to perform work on my property in my county of residence.

_____ I am seeking a building permit for work on my own property in my county of residence which I will directly supervise.

ATTENTION ABOVE SIGNED AFFIANT

Please be advised that the signage of this Affidavit of Exemption in lieu of producing proof of Worker’s Compensation Insurance may result in the forwarding of this document to the Tennessee Department of Labor and Workforce Development Division of Worker’s Compensation for review.

**CONTACT: Tennessee Department of Labor and Workforce Development
Division of Worker’s Compensation
710 James Robertson Parkway
Nashville, Tennessee 37243
(615) 532-4812 1-800-332-2667 TDD 1-800-332-2257**

Sworn to this _____ day of _____, _____.

AFFIANT