



Workers Compensation Affidavit of Exemption Form

The undersigned swears or affirms that he/she is not required to provide worker's compensation insurance under the provisions of Pennsylvania's Worker's Compensation Law for one of the following reasons, as indicated:

	Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the Township.
	Religious exemption under the Worker's Compensation Law.
	Owner performing all work.

Street Address, Lot Number, and Plan Name of Building Permit Application:

Street Number: _____ Street Name: _____

Lot Number: _____ Plan Name: _____

Contractor's Federal or State Employer ID Number: _____

Signature of Applicant: _____

Print Name as Signed Above: _____

Name of Applicant's Company/Organization/Business if different from above: _____

Street Address: _____

County of: _____ Municipality of: _____