



ELIZABETHTOWN
KENTUCKY

Affidavit of Exemption from the Kentucky Workers' Compensation Act (Individual)

City of Elizabethtown, Department of Planning and Development

200 West Dixie Ave – PO Box 550

Elizabethtown, KY 42702 (270) 982-3226

Official Use Only Date received: Received by:

Applicant, pursuant to KRS 342.610(5), hereby declares exemption from the requirement to obtain workers' compensation insurance as set forth in KRS 342.340. In support of this claim to exemption, Applicant states that the following facts are true and correct:

Full name of Applicant _____

Home Address _____ Phone No. _____

City/State/Zip _____

FEIN or SSN _____ Average No. of Employees _____

The foregoing is true and correct as I verily believe and swear.

Applicant/or authorized agent

State of Kentucky Labor Cabinet
County of **Hardin**

The foregoing Affidavit of Exemption was acknowledged and sworn to before me by

_____, this _____ day of _____, 20__.

NOTARY PUBLIC
KENTUCKY STATE AT LARGE

MY COMMISSION EXPIRES: _____

Notice to Affiant: Fraudulent execution of this form constitutes a criminal offense (KRS 523.030) under the laws of the Commonwealth.

Adopted 1/1/97



ELIZABETHTOWN
KENTUCKY

Affidavit of Exemption from the Kentucky Workers' Compensation Act (Corporation or Partnership)

City of Elizabethtown, Department of Planning and Development

200 West Dixie Ave – PO Box 550

Elizabethtown, KY 42702 (270) 982-3226

<p>Official Use Only Date received: Received by:</p>
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Applicant, pursuant to KRS 342.610(5), hereby declares exemption from the requirement to obtain workers' compensation insurance as set forth in KRS 342.340. In support of this claim to exemption, Applicant states that the following facts are true and correct:

Full name of Applicant _____

Business Address _____ Phone No. _____

City/State/Zip _____

Nature of Business _____

FEIN or SSN _____ Average No. of Employees _____

The foregoing is true and correct as I verily believe and swear.

Applicant/or authorized agent

State of Kentucky Labor Cabinet

County of **Hardin**

The foregoing Affidavit of Exemption was acknowledged and sworn to before me by

_____ of _____ (corporation or partnership), on
behalf of the _____ (corporation or partnership) this _____ day of _____, 20____.

NOTARY PUBLIC
KENTUCKY STATE AT LARGE

MY COMMISSION EXPIRES: _____

Notice to Affiant: Fraudulent execution of this form constitutes a criminal offense (KRS 523.030) under the laws of the Commonwealth.

Adopted 1/1/97