**Please complete requested information and submit this signed statement on business letterhead.**

**Workers’ Compensation Statement of Exemption**

CalHHS OTSI Agreement Number: [Enter Agreement #]

**Check only one of the boxes below.**

I do not employ anyone in the manner subject to the workers’ compensation laws of California.

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).

I certify under penalty of perjury under the laws of the State of California that I do not employ any person in any manner as to become subject to the workers’ compensation laws of California. I further certify that the CalHHS OTSI will be notified within thirty (30) calendar days of any changes which results in the business becoming subject to the workers’ compensation laws of the State of California. I understand that failure to comply with this requirement is grounds for disciplinary action.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Title (Owner, Partner or Officer) |
|  |  |  |
| Signature |  | Date |