



City of Jeffersontown
Department of Permitting and Enforcement
10416 Watterson Trail
Jeffersontown, KY 40299
Phone: (502) 267-8333 Fax: (502) 267-0547
jeffersontownky.gov

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

(Please Print)

Applicant, pursuant to KRS 342.610 (5), hereby declares exemption from the requirement to obtain workers' compensation insurance coverage 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. _____
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 _____

The foregoing Affidavit of Exemption was acknowledged and sworn to before me by _____ of _____ on behalf of the, _____ Corporation/Partnership this _____ day of _____, 20____. _____ Corporation/Partnership

NOTARY PUBLIC
KENTUCKY STATE AT LARGE

MY COMMISSION EXPIRES _____, 20____.

Instructions

This original Affidavit is to be immediately filed by the local building permit office with the Kentucky Department of Workers' Claims, Division of Security & Compliance, 657 Chamberlin Ave., Frankfort, KY 40601 (1-800-554-8601).

A copy of this Affidavit is to be kept on file with the local office, which issues the building permit.

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