



ADMINISTRATION DEPARTMENT
BUILDING DIVISION

8800 SW 36th STREET • DAVIE, FLORIDA 33328
PHONE: 954.797.1111 • FAX: 954.797.1086 • WWW.DAVIE-FL.GOV

WORKERS COMPENSATION EXEMPTION LETTER

To: Town of Davie Building Division
8800 SW 36th ST
Davie, Fl. 33328

DATE: _____

FROM: (Company Name) _____

NAME OF QUALIFIER: _____

ADDRESS: _____

PHONE # _____ LICENSE # _____

This letter will confirm that we shall not employ any workers on the following listed project other than myself and properly licensed and insured subcontractors. I will provide a list of all subcontractors that perform any work on this project and they will provide all proper license and insurance information to the Town of Davie for registration in your system. I understand that if at any time there are any employees of my company or any unregistered subcontractors performing any work that my permit will be revoked and my ability to obtain permits in the Town of Davie will be suspended.

PROJECT DESCRIPTION: _____

PROJECT ADDRESS: _____

Qualifier's Signature

Administered Oath
Sworn to and subscribed to me this

____ Day of _____, 20____

Signature of Notary

Print name of Notary

Personally known to me ____ or produced I.D. ____

I.D. Type _____