

WORKERS' COMPENSATION EXEMPTION FORM

Name of Contractor/Applicant: _____

Company Name of Contractor/Applicant _____

CERTIFICATE OF EXEMPTION

I certify that in the performance of the work for TechLink Services, I am not subject to the Workers' Compensation Laws of _____

Reason: "the state does not require my company or myself to carry wc insurance."

Signed _____

Title _____ Date _____

NOTICE TO APPLICANT/CONTRACTOR: If after signed this Certificate of Exemption, you should become subject to the Workers' Compensation provision of the Labor Code, you must forthwith comply with such provisions or the Permit or Contract will be cancelled or revoked.

Please complete about and either upload into portal or email to:
recruiting@techlinkservices.com.