

**SUSQUEHANNA TOWNSHIP  
WORKERS COMPENSATION CERTIFICATE OF EXEMPTION**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant Federal or State Employer Identification Number: \_\_\_\_\_

The applicant is a contractor within the meaning of the Pennsylvania Workers' Compensation Law:

YES     NO

The applicant for the building permit, in compliance with Act 44 of 1993, hereby submits (check one):

Certificate of Insurance with Susquehanna Township named as the Certificate Holder.

Certificate of Self-Insurance

Affidavit of Exemption

If an exemption is being claimed, please complete the following and sign in the presence of a notary public:

Applicant is owner of the property

Applicant/contractor is a sole proprietorship without employees

Applicant/contractor is a corporation, and the only employees working on the project have and are qualified as "Executive Employees" under Section 104 of the Workers' Compensation Act. Please explain:

\_\_\_\_\_  
\_\_\_\_\_

All of the contractor/applicant's employees are exempt on religious grounds under Section 304.2 of the Workers' Compensation Act. Please Explain:

\_\_\_\_\_  
\_\_\_\_\_

Other—Please Explain: \_\_\_\_\_

\_\_\_\_\_

1. Any subcontractors used on this project will be required to carry their own workers' compensation coverage.
2. The applicant is not permitted to employ any individual to perform work on this project pursuant to the permit in violation of this Act.
3. Violations of the Workers' Compensation Act or the terms of this permit will subject the applicant to a stop-work order and other fines and penalties provided by law.

My signature on behalf of or as contractor/applicant for this permit constitutes my verification that the statement contained herein is true, and that I am subject to the penalty of 18 PA C.S.A.S. 4904 relating to unsworn falsifications to authorities.

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, before me, \_\_\_\_\_, notary public, the undersigned personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed the same for the purposes therein contained.

\_\_\_\_\_  
Signature of Applicant

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_

\_\_\_\_\_  
My commission expires

\_\_\_\_\_  
Notary Public

(Seal)