

TO: **Independent Contractor**

FROM: Workers' Compensation/Compliance Section

SUBJECT: WC40/Affidavit of Exemption

**ALL QUESTIONS MUST BE COMPLETED** on the attached affidavit (WC40). Failure to comply will result in automatic denial of exemption.

**ALL PARTNERS** must provide a signature and social security number. They are all required to sign and the bottom to be notarized.

Your request will be accepted or denied the day of receipt.

The executed affidavit is to be mailed to:

State of Alabama  
DIR/WC/Compliance Section  
649 Monroe Street  
Montgomery, AL 36131

WC40  
(04/2002)

## **WC 40 GUIDELINES**

The **Independent Contractor** must be doing residential construction to complete this affidavit.

An **Independent Contractor** with employees must have an active unemployment compensation number. If the independent contractor is incorporated, the officers will be considered employees.

If the **Independent Contractor** does not have an unemployment compensation number, an application (SR-2) can be obtained from a local Unemployment Tax Office.

Once the **Independent Contractor** has completed the SR-2 form, the original goes to the Unemployment Compensation Office and a **copy** is attached to the WC40.

Applications submitted to this office must be in blue or black ink.

Only an original affidavit will be processed. If the affidavit is submitted with any “copied” or “faxed” pages, the affidavit will be denied.

Only WC40 forms issued by the Department of Industrial Relations, Workers’ Compensation Division will be accepted.

The effective date of the affidavit will be the date it is first received in the Workers’ Compensation Division. Affidavits will not be back dated.

All pages of the affidavit must be submitted in order for it to be considered for approval.

You may make copies of a blank affidavit if it is a clear copy without black lines or blurred sentences.

### **BE SURE THAT:**

The Independent Contractor signs, dates and give his title at the bottom of the affidavit.

The affidavit is notarized and appropriate notary seal is affixed. **DO NOT** place the notary seal on the bottom portion of the affidavit.

The name, address and telephone number **must be** accurate for the Independent Contractor. **NO ABBREVIATIONS.** We must be able to read this information in order to mail the information to concerned parties. **YOU MUST PRINT THIS INFORMATION.**

You will be notified if the affidavit is approved or denied. If approved, you will receive a laminated card to present to residential builders. The card will be effective for one year and will show the date to be renewed.

**ALL QUESTIONS SHOULD BE DIRECTED TO SANDY HALLMARK  
800-528-5166**

**WC40  
INDEPENDENT CONTRACTOR  
AFFIDAVIT OF EXEMPTION**

\*\*\*\*\*  
**PLEASE ANSWER ALL THE QUESTIONS:**

The Independent Contractor will be paid by: \_\_\_ Hour \_\_\_ Per Job \_\_\_ Lump Sum \_\_\_ Installments.

Tools are provided by: \_\_\_ Independent Contractor \_\_\_ General Contractor.

**CHECK ONE - YES OR NO**

**YES NO**

\_\_\_ \_\_\_ This work involves construction or assisting on-site in the construction of single family detached residential dwellings.

\_\_\_ \_\_\_ I work for more than one General Contractor.

\_\_\_ \_\_\_ I pay all business and travel expenses.

\_\_\_ \_\_\_ I determine which days I will work.

\_\_\_ \_\_\_ I determine the hours of work.

**ALL INFORMATION MUST BE PRINTED**

**INDEPENDENT CONTRACTOR:**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Doing Business As \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Description of work to be done \_\_\_\_\_

**PLEASE CHOOSE ONE:**      Incorporated \_\_\_\_\_      Number of Officers \_\_\_\_\_  
                                         Partnership \_\_\_\_\_      Sole-Proprietor      \_\_\_\_\_

Number of Employees full and part-time (excluding the above) \_\_\_\_\_

Unemployment Compensation Number \_\_\_\_\_ Federal ID Number \_\_\_\_\_

**INDEPENDENT CONTRACTOR:**

Under penalty of perjury, I hereby certify and affirm that the statements contained herein are true and correct and I further certify and affirm that I meet the qualifications of an Independent Contractor and I am deemed to be an Independent Contractor engaged in the business of constructing or assisting on-site in the construction of single-family detached residential dwellings.

If a corporation, partnership or LLC, please sign in official capacity and indicate your titles.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

SWORN TO and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission expires \_\_\_\_\_ Notary Public \_\_\_\_\_

(Please affix Seal here)