

CODE ENFORCEMENT AGENCY

1633 Route 51, Suite 100, Jefferson Hills, PA 15025 1-866-410-4952 www.cea-code.com

Pennsylvania Workman's Compensation EXEMPTION Waiver

Name of Applicant:				_
Business Name or DBA:				_
Street Address:				_
City	State:	Zip	Code:	_
Геlерhone #. ()	Email	<u> </u>		
NOTE: <mark>A legal PA Workman</mark> owner proprietors without an you have ANY employees a w Waiyer a	y employees (includ	<mark>ling helpers) a</mark> <mark>ble.</mark>	<mark>nd religious exempt</mark>	
In addition, CEA Code Enforce Compensation for all SUB-wor	ement Agency will re	quire a certifica	ate or proof of Workr	
() Contractor with no emp to perform work pursuant to a Compensation Insurance to the	any building permit un			
() Religious Exemption :				
() Property Owner acting a	as Self - Contractor (No	Employees)		
NOTARIZAT I, information is true and correct		amed applicant,	do swear that the fore	
Subscribed and sworn before	e me this	day of	, 202	
Signature of Applicant:				
Signature of Notary Public :				
My Commission expires:		_ (Notary Stamp)	