



**Marion County  
Board of County Commissioners**

Building Safety ♦ Licensing

2710 E. Silver Springs Blvd.  
Ocala, FL 34470  
Phone: 352-438-2429  
Fax: 352-438-2430

**AFFIDAVIT OF COMPLIANCE FOR WORKERS COMPENSATION**

I do hereby swear and affirm that I am in full compliance with Florida’s workers’ compensation law, and that coverage has been secured or a valid certificate of exemption has been obtained.

I declare that I have \_\_\_\_\_ employees. I declare that before hiring any employees I will obtain workers’ compensation insurance coverage and will furnish proof to Marion County Building Safety (Licensing Division).

Marion County Building Safety must be notified immediately upon any changes in the number of employees.

\_\_\_\_\_  
(Signature of Contractor)

STATE OF \_\_\_\_\_

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

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by  
\_\_\_\_\_ (name of person making statement).

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_  
Type of Identification Produced