

# Self-Employment Affidavit



This form ***must*** be submitted with a completed application

## AFFIDAVIT OF SELF EMPLOYMENT EXEMPTION UNDER THE WORKERS' COMPENSATION ACT

I, \_\_\_\_\_ (Printed Name), being first duly sworn upon oath deposes and states the following:

1. I am applying for a contractor's license for my company through the State of Arizona's Registrar of Contractors office.
2. I am aware that as a condition of licensure that my company must comply with the Workers' Compensation Act.
3. I am self-employed. Therefore I am not an employer subject to the provisions of A.R.S. § 23-902.
4. I do not currently and will not in the future employ workers regularly employed in my business or trade under a contract for hire.
5. I do not currently and will not in the future regularly employ workers for any portion of the year in my business or trade as an employer.
6. I do not currently and will not in the future procure work by an independent contractor over whose work I retain supervision or control, that is done in the regular course of my business or trade.
7. I may in my business use the services of an independent contractor to perform work done in the regular course of my business or trade. In the event that I use the services of an independent contractor, such use shall be evidenced by a written agreement that the business does not have the authority to supervise or control the actual work of the independent contractor and/or his/her employees. The written agreement will contain a disclosure statement that the independent contractor is not entitled to workers' compensation by the business and shall comply with all provisions of A.R.S. § 23-902(D). When independent contracting services other than professional services are retained, any independent contractors hired will either be licensed, or will not perform services that would require a contractor's license (see A.R.S. §32-1154(A) (11)).
8. I am aware that if at any time during the time of licensure that I and/or my company becomes an employer as defined by A.R.S. § 23-902, that it will immediately comply with all provisions of the Workers' Compensation Act.
9. I am aware that if I and/or my company becomes an employer as previously stated and I/it fails to comply with the Workers' Compensation provisions, that this is an immediate cause for discipline of the license.
10. I have authority on behalf of my company as its owner, partner, member, manager, managing member, officer or director to sign this affidavit.

\_\_\_\_\_  
Name of Business or Sole Proprietor  
If Sole Proprietorship, Full name of person followed by DBA name

\_\_\_\_\_  
DBA (if applicable)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public Printed Name

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