



Department of
**PERMITS, LICENSES,
AND INSPECTIONS**

Workers' Compensation Exemption Affidavit

Commonwealth of Pennsylvania

County of _____

I affirm, under penalty of perjury, that no individuals will be employed to perform work pursuant to any building permit issued by the City of Pittsburgh, Department of Permits, Licenses, and Inspections, in accordance with Commonwealth of Pennsylvania, 1993 Act 44 – Workman's Compensation Act, Section 302.

Printed Name

Applicant Signature

Street Address

Today's Date

City, State, Zip

City Contractor License (ex. EL01816)

Phone Number

AFFIRMED AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC SEAL

NOTARY PUBLIC SIGNATURE

Department of Permits, Licenses, and Inspections
City of Pittsburgh | 200 Ross Street, Room 320 | Pittsburgh, PA 15219
Main number: 412-255-2175 | Fax: 412-255-2974 | www.pittsburghpa.gov/pli