



Statement of Exemption from Workers' Compensation

Before the Structural Pest Control Board (SPCB) can issue a new license, reinstate a previous license, or in the continued maintenance of an existing license, the company registration must have on file a Certificate of Workers' Compensation Insurance or must submit a statement to the SPCB certifying that the registered company does not employ any person in any manner so as to become subject to California workers' compensation laws, or is not otherwise required to provide for workers' compensation insurance coverage under California law.

Company registrants may complete this form and deliver it to SPCB for purposes of certifying that they are not subject to California workers' compensation laws, or otherwise required to provide for workers' compensation insurance coverage. (See Business and Professions Code Section 8693).

DO NOT FILE THIS EXEMPTION FORM IF: You employ anyone in a manner that is subject to the workers' compensation laws of California. If you are not eligible for exemption, you must provide a certificate of insurance from your workers' compensation insurance carrier.

To demonstrate exemption from workers' compensation, SPCB requests company registrations complete all of the information in Section 1, check the box in Section 2 and complete the signatures in Section 3.

Please type or print neatly and legibly in black or dark blue ink.

SECTION 1 – BUSINESS NAME AND ADDRESS

Business Name (as it currently appears on SPCB records)		PR Number	
Business Mailing Address (number/street or P.O. box)		City	State Zip Code
Business Street Address (number/street only - No P.O. Boxes)		City	State Zip Code
Business Phone Number ()	Business Fax Number ()	Business E-mail Address	

SECTION 2 – CHECK BOX

CHECK THE BOX BELOW.

I **do not** employ anyone in the manner subject to the workers' compensation laws of California or am not otherwise required to provide for workers' compensation insurance coverage under California law.

SECTION 3 – CERTIFICATION

By signing this form, I certify that the information provided on this statement is true and accurate.

Print Name	Signature	Title	Date

A sole owner must sign this request personally.
A partnership request must be signed by each partner.
A corporate request must be signed by an officer of the corporation, a shareholder.
Each Qualifying Manger must sign this form.

FOR SPCB USE ONLY

NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The Structural Pest Control Board of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Section 8693 and the Information Practices Act. The Structural Pest Control Board uses this information to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards set by law and regulation, update and maintain current licensee information, and for mailing purposes.

Form Submission

Completion and submission of this form satisfies the requirement of Business and Professions Code section 8693 for registered companies to certify that they do not employ any person in any manner so as to become subject to the workers' compensation laws of California, or are not otherwise required to provide for workers' compensation insurance coverage under California law. The Structural Pest Control Board cannot issue, reinstate, or continue to maintain any company registration that does not either (1) file a current and valid Certificate of Workers' Compensation Insurance as evidence of current and valid Workers' Compensation Insurance coverage, or (2) file a statement certifying that the registered company does not employ any person in any manner so as to become subject to the workers' compensation laws of California or is not otherwise required to provide for workers' compensation insurance coverage under California law.

Access to Personal Information

You may review the records maintained by the Structural Pest Control Board that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by State or Federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, you may contact: The Structural Pest Control Board at 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815, by phone at (916) 561-8704, or by email at pestboard@dca.ca.gov.

For questions about the Department of Consumer Affairs' Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by email at dca@dca.ca.gov.