





**JOB SITE ADDRESS:** \_\_\_\_\_

**ADDITIONAL CONTRACTOR/CONTACT INFORMATION** (WHERE APPLICABLE)

CONTRACTOR: \_\_\_\_\_

TYPE: ELECTRIC  PLUMBING  HVAC  ELEVATOR  SPRINKLER  FIRE ALARM

ADDRESS \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

TYPE: ELECTRIC  PLUMBING  HVAC  ELEVATOR  SPRINKLER  FIRE ALARM

ADDRESS \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

TYPE: ELECTRIC  PLUMBING  HVAC  ELEVATOR  SPRINKLER  FIRE ALARM

ADDRESS \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

TYPE: ELECTRIC  PLUMBING  HVAC  ELEVATOR  SPRINKLER  FIRE ALARM

ADDRESS \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

**Certification:** I hereby certify that I have examined this application and know the information contained therein to be correct. I understand that the granting of a permit does not grant authority to violate or ignore any law, that this permit authorizes only the work described herein and will expire, unless otherwise noted, in one year from the date of issuance.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPLICATION VALIDATION (STAFF USE ONLY)**

APPLICATION ACCEPTED (ALL REQUIRED INSURANCE, WORKER'S COMPENSATION, AND PLANS HAVE BEEN SUBMITTED).

APPLICATION REJECTED. WE ARE UNABLE TO ACCEPT YOUR APPLICATION BECAUSE IT IS MISSING THE FOLLOWING:

- INSURANCE INFORMATION  - WORKER'S COMP INFORMATION  - DETAILED PLANS
- PLANS STAMPED BY A LICENSED ARCHITECT OR ENGINEER  - APPLICATION ILLEGIBLE

**ADDITIONAL INFORMATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICATION PROCESSING (STAFF USE ONLY)**

**OTHER PERMITS/APPROVALS PENDING:** PLUMBING  ELECTRIC  SITE PLAN  HVAC

OTHER: \_\_\_\_\_

ASSIGNED TO: \_\_\_\_\_ DATE ASSIGNED: \_\_\_\_\_

APPROVED BY (SUBJECT TO CONDITIONS): \_\_\_\_\_ DATE: \_\_\_\_\_



## INSTRUCTIONS

1. This application must be completed legibly in ink and submitted to the Village of Ravenna Building Department.
2. This application must be accompanied by two (2) complete sets of plans showing proposed construction and two (2) sets of specifications. Plans and specifications shall describe the nature of the work to be performed, the materials and equipment to be used and installed and details of structural, mechanical and plumbing and heating installations.
3. The work covered by this application may NOT be commenced before the issuance of a Building and Zoning Permit.
4. Upon approval of this application, the Building Department will issue a Building and Zoning Permit to the applicant together with an approved set of plans and specifications. Such permit and approved plans and specifications shall be kept on the premises and available for inspection throughout the progress of the work.
5. No building shall be occupied or used in whole or in part for any purpose whatsoever until a Certificate of Occupancy is granted by the Building Department.
6. Costs of the work described in the application for a Building Permit include the cost of all of the construction, and other work done in connection therewith, exclusive of the cost of the land. If final costs shall exceed the estimated cost, an additional fee may be required before the issuance of a Certificate of Occupancy.
7. Any deviation from the approved plans must be authorized by the approval of revised plans subject to the same procedure established for the examination of the original plans. An additional permit fee may be charged predicated on the extent of the variation from the original plans.
8. CERTIFICATE OF APPROVAL MUST BE OBTAINED FROM AN APPROVED ELECTRICAL INSPECTION AGENCY FOR ALL ELECTRICAL WORK. THE PERMIT MUST BE OBTAINED BEFORE STARTING ANY ELECTRICAL WORK.

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## INSPECTION SCHEDULE

YOU MUST CALL THE BUILDING DEPARTMENT 518-756-8201 FOR THE FOLLOWING INSPECTIONS.

NOTE: ANY WORK COVERED OR CONCEALED BEFORE INSPECTION AND APPROVAL SHALL BE EXPOSED FOR INSPECTION AT THE APPLICANT'S EXPENSE.

1. Footings before pouring concrete.
2. Foundation inspection before backfill.
3. Submit a Surveyor's location of foundation to the Building Department for Zoning Approval before framing is started.
4. Plumbing, heating, framing, and electrical inspection before any closing of the framework. Electrical inspections are done by one of the following approved Electrical Inspectors:  
Commonwealth Electrical Inspection Service Inc. 518-238-2229  
Middle Department Electrical Inspection Agency 518-273-0861  
The Inspector, LLC 518-481-5300
5. Insulation inspection.
6. When all work is completed, a final inspection of the site, building and all utilities is required. No Occupancy of a building is permitted without a Certificate of Occupancy issued by the Building Department. (See Instructions Sheet)





STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
BUREAU OF COMPLIANCE  
100 BROADWAY  
ALBANY, NY 12241-0005

THIS AGENCY EMPLOYS AND SERVES  
PEOPLE WITH DISABILITIES WITHOUT  
DISCRIMINATION.

Attached is an application for a certificate of attestation of exemption from New York State Workers' Compensation and/or Disability Benefits insurance coverage.

A certificate of attestation of exemption can ONLY be used to attest to a government entity that the applicant requesting a permit, license or contract from that government entity is not required to carry workers' compensation and/or disability benefits insurance.

Please carefully review the instructions before completing the application.

#### **Exemption Application Instructions:**

This application must be completed in its entirety and submitted to the Workers' Compensation Board by mail or fax. The application will be processed in the order received and a certificate of attestation of exemption will be mailed to the applicant. This process may take up to four weeks to complete.

For those who require an exemption immediately, please access the *on-line application* that can be found on the Board's website, [www.wcb.state.ny.us](http://www.wcb.state.ny.us). Click the "WC/DB Exemption" button on the Board's main webpage and then click on "Request for WC/DB Exemption (Form CE-200)." You will be able to immediately print the certificate of attestation of exemption after completing the on-line application.

Instructions:

1. **Applicant Personal Information:** Enter the name (first and last), address and phone number. The applicant must have the knowledge, information and legal authority to file the application. An accountant or lawyer may not file the application on behalf of a client. The applicant will also be required to sign the certificate of attestation of exemption prior to filing it with the government entity.
2. **Your title:** Title refers to the position held by the applicant. Example: Sole Proprietor, Partner, Member, President, Secretary, Treasurer.
3. **Legal Entity Information:** Enter Federal ID number used for tax purposes. If the entity does not have a Federal ID number, enter your social security number. Legal Entity is the business's legally filed name with the Department of State or County Clerk. Example: Corporation (ABC, Inc.) or LLC name (XYZ, LLC). If this does not apply, enter the applicant's name. Doing business as refers to trade name or the name the business is known by.
4. **Permit/License/Contract Information:** Nature of business refers to what type of work is being performed. Enter the type of permit, license or contract for which you are applying. Examples: Building permit, health permit, liquor license. Issuing Government Agency is the agency to which you will give the certificate. Examples: City of Albany,

Orange County Health Department, New York State Department of Transportation.

5. Job Site Location Information: If applying for a building permit, this section must be completed or form will be rejected. Certificates are job specific and must list the physical location where the work will be performed. The dates and estimated dollar amount of the project must also be completed. If applying for a license or contract, leave this section blank.
6. Partners/ Members /Corporate Officers: Must be completed with names and titles of all principals of business. *Limited Partnerships must ONLY list General Partners. Sole proprietors can skip this section.*
7. Truthfully select one reason for a Workers' Compensation Exemption from box A-J. If none apply, coverage is almost always required. If box I is checked, you must enter the name and telephone number of the temporary service agency. If box J is checked, you must enter the carrier and policy information.
8. Truthfully select one reason for a Disability Benefits Exemption from box A-G. If none apply, coverage is almost always required.
9. Application must be signed and dated by the applicant.
10. Mail or fax application to:

New York State Workers' Compensation Board  
Bureau of Compliance - CE-200  
100 Broadway  
Albany, NY 12241-0005  
Fax: 518-486-7145

11. A certificate of attestation of exemption will be mailed upon processing. Applications that are incomplete, illegible or those applicants having outstanding penalties, no-insurance claims or other issues with the NYS Workers' Compensation Board will be rejected and returned to the applicant.
12. Certificates of attestation of exemption contain a unique certificate number used by government officials to verify the validity of the certificate. Certificates are only valid for the specific license, permit or contract and the period for which it is issued. Certificates for building permits are job-specific and a separate certificate will be required for each building permit.
13. The Board may investigate the entity claiming exemption from coverage. Any false statement, representation, or concealment will subject the applicant to felony criminal prosecution including jail, and civil liability in accordance with the Workers' Compensation Law and all other New York State laws.

If you have questions regarding coverage requirements for Workers' Compensation and/or Disability Benefits Insurance, please call the Workers' Compensation Board Bureau of Compliance at 1-866-546-9322.

**Oath of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence**

*\*\*This form cannot be used to waive the workers' compensation rights or obligations of any party. \*\**

**Under penalty of perjury**, I certify that I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit that I am applying for, and I am not required to show specific proof of workers' compensation insurance coverage for such residence because (please check the appropriate box):

- I am performing all the work for which the building permit was issued.
- I am not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping me perform such work.
- I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.

I also agree to either:

- ◆ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if I need to hire or pay individuals a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit, or if appropriate, file a CE-200 exemption form; OR
- ◆ have the general contractor, performing the work on the 1, 2, 3 or 4 family, **owner-occupied** residence (including condominiums) listed on the building permit that I am applying for, provide appropriate proof of workers' compensation coverage or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit if the project takes a total of 40 hours or more per week (aggregate hours for all paid individuals on the jobsite) for work indicated on the building permit.

\_\_\_\_\_  
(Signature of Homeowner)

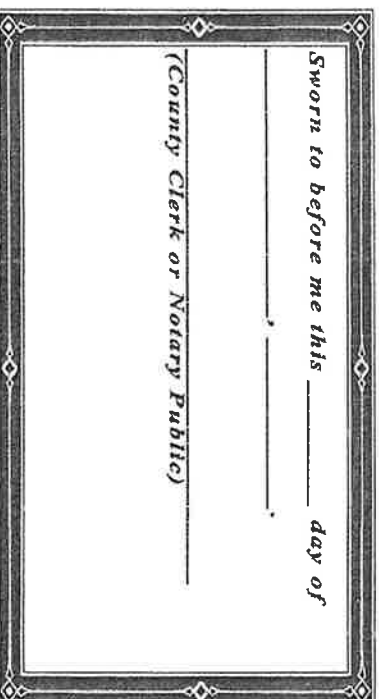
\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Homeowner's Name Printed)

Home Telephone Number \_\_\_\_\_

Property Address that requires the building permit:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Once notarized, this BP-1 form serves as an exemption for both workers' compensation and disability benefits insurance coverage.

LAWS OF NEW YORK, 1998  
CHAPTER 439

The general municipal law is amended by adding a new section 125 to read as follows:

125. ISSUANCE OF BUILDING PERMITS. NO CITY, TOWN OR VILLAGE SHALL ISSUE A BUILDING PERMIT WITHOUT OBTAINING FROM THE PERMIT APPLICANT EITHER:

1. PROOF DULY SUBSCRIBED THAT WORKERS' COMPENSATION INSURANCE AND DISABILITY BENEFITS COVERAGE ISSUED BY AN INSURANCE CARRIER IN A FORM SATISFACTORY TO THE CHAIR OF THE WORKERS' COMPENSATION BOARD AS PROVIDED FOR IN SECTION FIFTY-SEVEN OF THE WORKERS' COMPENSATION LAW IS EFFECTIVE; OR

2. AN AFFIDAVIT THAT SUCH PERMIT APPLICANT HAS NOT ENGAGED AN EMPLOYER OR ANY EMPLOYEES AS THOSE TERMS ARE DEFINED IN SECTION TWO OF THE WORKERS' COMPENSATION LAW TO PERFORM WORK RELATING TO SUCH BUILDING PERMIT.

### Implementing Section 125 of the General Municipal Law

#### 1. General Contractors -- Business Owners and Certain Homeowners

For businesses and certain homeowners listed as the general contractors on building permits, proof that they are in compliance with Section 57 of the Workers' Compensation Law (WCL) is ONE of the following forms that indicate that they are:

- ♦ insured (C-105.2 or U-26.3),
- ♦ self-insured (SI-12), or
- ♦ are exempt (CE-200),

under the mandatory coverage provisions of the WCL. Any residence that is not a 1, 2, 3 or 4 Family, Owner-occupied Residence is considered a business (income or potential income property) and must prove compliance by filing one of the above forms.

#### 2. Owner-occupied Residences

For homeowners of a 1, 2, 3 or 4 Family, Owner-occupied Residence, proof of their exemption from the mandatory coverage provisions of the Workers' Compensation Law when applying for a building permit is to file form BP-1.

- ♦ Form BP-1 shall be filed if the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is listed as the general contractor on the building permit, and the homeowner:
  - ◊ is performing all the work for which the building permit was issued him/herself,
  - ◊ is not hiring, paying or compensating in any way, the individual(s) that is(are) performing all the work for which the building permit was issued or helping the homeowner perform such work, or
  - ◊ has a homeowner's insurance policy that is currently in effect and covers the property for which the building permit was issued AND the homeowner is hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued.
- ♦ If the homeowner of a 1, 2, 3 or 4 Family, Owner-occupied Residence is hiring or paying individuals a total of 40 hours or MORE in any week (aggregate hours for all paid individuals on the jobsite) for the work for which the building permit was issued, then the homeowner may not file the "Affidavit of Exemption" form, BP-1(1/04), but shall either:
  - ◊ acquire appropriate workers' compensation coverage and provide appropriate proof of that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit (the C-105.2 or U-26.3 form). OR
  - ◊ have the general contractor, (performing the work on the 1, 2, 3 or 4 family, owner-occupied residence (including condominiums) listed on the building permit) provide appropriate proof of workers' compensation coverage, or proof of exemption from that coverage on forms approved by the Chair of the NYS Workers' Compensation Board to the government entity issuing the building permit.

**New York State Workers' Compensation Board**  
**Application for Certificate of Attestation of Exemption**  
**from New York State Workers' Compensation and/or Disability Benefits Insurance Coverage.**

For NYS workers' compensation exemption, this application may only be completed by entities with no employees or out-of-state entities obtaining contracts for which ALL work is performed outside of NYS. For NYS disability benefits exemption, it may only be completed by entities without employees or those with employees, as defined by the NYS Disability Benefits Law, working in NYS for less than thirty days in a calendar year.

A certificate of attestation of exemption can ONLY be used to attest to a government entity that the applicant requesting a permit, license or contract from that government entity is not required to carry workers' compensation and/or disability benefits insurance.

The application must be completed in its entirety and submitted to the Workers' Compensation Board by fax or mail. The application will be processed in the order received and a certificate of attestation of exemption will be mailed to the applicant. This process may take up to four weeks.

To obtain a certificate immediately, please use the *on-line application* at [www.wcb.state.ny.us](http://www.wcb.state.ny.us). Once the application is completed on-line, you can immediately print the certificate on your printer.

Please review the separate instructions (form CE-200 instructions) prior to completing this application. Please print clearly.

**1. Applicant Personal Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country (If other than U.S.) \_\_\_\_\_

Personal Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

**2. Your Title (check only one)**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Sole Proprietor                    | <input type="checkbox"/> Treasurer    |
| <input type="checkbox"/> President                          | <input type="checkbox"/> Partner      |
| <input type="checkbox"/> Vice President                     | <input type="checkbox"/> Member       |
| <input type="checkbox"/> Secretary                          | <input type="checkbox"/> Trustee      |
| <input type="checkbox"/> Homeowner                          | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Other (please provide title) _____ |                                       |

**3. Legal Entity Information:**

Business Federal ID (If none, enter social security number): \_\_\_\_\_

Legal Entity Name: \_\_\_\_\_

Doing Business As Name \_\_\_\_\_

Business Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Check here if business address is the same as the applicant's personal address. If different, enter business address below.

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country (If other than U.S.) \_\_\_\_\_

CE-200APPLY (2/2009)

**4. Permit/License/Contract Information:**

A. Nature of Business:(please check only one)

- Construction/Carpentry
- Demolition
- Plumbing
- Restaurant / Food Service
- Food Cart Vendor
- Homeowner
- Bar / Tavern
- Other (please explain) \_\_\_\_\_
- Electrical
- Landscaping
- Farm
- Trucking / Hauling
- Horse Trainer/Owner
- Hotel / Motel
- Mobile - Home Park

B. Applying for:

- License (list type) \_\_\_\_\_
- Permit (list type) \_\_\_\_\_
- Contract with Government Agency \_\_\_\_\_

Issuing Government Agency: \_\_\_\_\_

(e.g. New York City Building Department, Ulster County Health Department, New York State Department of Labor, etc.)

**5. Job Site Location Information: (Required if applying for a building, plumbing, or electrical permit)**

A. Job Site Address

Street address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

B. Dates of project: (mm/dd/yyyy) \_\_\_\_\_ to: (mm/dd/yyyy) \_\_\_\_\_

Estimated Dollar amount of project:

- \$0 - \$10,000
- 10,001 - \$25,000
- \$25,001 - \$50,000
- \$50,001 - \$100,000
- Over \$100,000

**6. Partners/Members/Corporate Officers -must list all with titles except for limited partnerships which must include only general partners. Sole proprietors can skip this section.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

(Attach additional sheet if necessary)

**Employees of the Workers' Compensation Board cannot assist applicants in answering questions in the following two sections. Please contact an attorney if you have any questions regarding these sections.**

**7. Please select the reason that the legal entity is NOT required to obtain New York State Specific Workers' Compensation Insurance Coverage:**

- A. The applicant is NOT applying for a workers' compensation certificate of attestation of exemption and will show a separate certificate of NYS workers' compensation insurance coverage.
- B. The business is owned by one individual and is not a corporation. Other than the owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- C. The business is a LLC, LLP, PLLP or a RLLP; OR is a partnership under the laws of New York State and is not a corporation. Other than the partners or members, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors.
- D. The business is a one person owned corporation, with that individual owning all of the stock and holding all offices of the corporation. Other than the corporate owner, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.
- E. The business is a two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (each individual must hold an office and own at least one share of stock). Other than the two corporate officers/owners, there are no employees, day labor, leased employees, borrowed employees, part-time employees, other stockholders, unpaid volunteers (including family members) or subcontractors.
- F. The applicant is a nonprofit (under IRS rules) with NO compensated individuals providing services except for clergy; or is a religious, charitable or educational nonprofit (Section 501(c)(3) under the IRS tax code) with no compensated individuals providing services except for clergy providing ministerial services; and persons performing teaching or nonmanual labor. [Manual labor includes but is not limited to such tasks as filing; carrying materials such as pamphlets, binders, or books; cleaning such as dusting or vacuuming; playing musical instruments; moving furniture; shoveling snow; mowing lawns; and construction of any sort.]
- G. The business is a farm with less than \$1,200 in payroll the preceding calendar year.
- H. The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has no employees, day labor, leased employees, borrowed employees, part-time employees or subcontractors. The homeowner ONLY has uncompensated friends and family working on his/her residence.
- I. Other than the business owner(s) and individuals obtained from a temporary service agency, there are no employees, day labor, leased employees, borrowed employees, part-time employees, unpaid volunteers (including family members) or subcontractors. Other than the business owner(s), all individuals providing services to the business are obtained from a temporary service agency and that agency has covered these individuals for New York State workers' compensation insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock). A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.  
Temporary Service Agency

Name \_\_\_\_\_ Phone # \_\_\_\_\_

- J. The out-of-state entity has no NYS employees and/or NYS subcontractors AND ALL work related to the permit, license or contract is done outside of NYS; OR ALL employees are direct employees of a government entity outside of New York. Please provide coverage information.

Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Policy start date \_\_\_\_\_ Policy expiration date \_\_\_\_\_

**8. Please select the reason that the legal entity is NOT required to obtain New York State Statutory Disability Benefits Insurance Coverage:**

- A. The applicant is NOT applying for a disability benefits exemption and will show a separate certificate of NYS statutory disability benefits insurance coverage.
- B. The business MUST be either: 1) owned by one individual; **OR** 2) is a partnership (including LLC, LLP, PLLP, RLLP, or LP) under the laws of New York State and is not a corporation; **OR** 3) is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation each individual must be an officer and own at least one share of stock); **OR** 4) is a business with no NYS location. In addition, the business does not require disability benefits coverage at this time since it has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)
- C. The applicant is a political subdivision that is legally exempt from providing statutory disability benefits coverage.
- D. The applicant is a nonprofit (under IRS rules) with NO compensated individuals providing services except for clergy; or is a religious, charitable or educational nonprofit (Section 501(c)(3) under the IRS tax code) with no compensated individuals providing services except for executive officers, clergy, sextons, teachers or professionals.
- E. The business is a farm and all employees are farm laborers.
- F. The applicant is a homeowner serving as the general contractor for his/her primary/secondary personal residence. The homeowner has not employed one or more individuals on at least 30 days in any calendar year in New York State. (Independent contractors are not considered to be employees under the Disability Benefits Law.)
- G. Other than the business owner(s) and individuals obtained from the temporary service agency, there are no other employees. Other than the business owner(s), all individuals providing services to the business are obtained from a temporary service agency and that agency has covered these individuals for New York State disability benefits insurance. In addition, the business is owned by one individual or is a partnership under the laws of New York State and is not a corporation; or is a one or two person owned corporation, with those individuals owning all of the stock and holding all offices of the corporation (in a two person owned corporation, each individual must be an officer and own at least one share of stock). A Temporary Service Agency is a business that is classified as a temporary service agency under the business's North American Industrial Classification System (NAICS) code.

**9. I affirm that due to my position with the above-named business I have the knowledge, information and legal authority to make this Application for Certificate of Attestation of Exemption. I hereby affirm that the information provided above is true and that I have not submitted any materially false statements and I make this application for a Certificate of Attestation of Exemption under the penalties of perjury. I further affirm that I understand that any false statement, representation, or concealment will subject me to felony prosecution, including jail and civil liability in accordance with the Workers' Compensation Law and all other New York State Laws.**

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Signature

Title

Date