

AFFIDAVIT OF INDEPENDENT CONTRACTOR STATUS

I, _____, SWORN UNDER OATH, DO STATE:

1. I maintain a separate business with my own work facility, truck, equipment, materials, or similar accommodations; and the name of my business is:_____.
2. I do not have any employees, nor do I subcontract any part of my work, thus I am not required to have a Federal Tax ID Number other than my social security number which is_____.
3. I perform or agree to perform specific services or work for specific amounts of money and control the means of performing these services or work;
4. I incur the principal expenses related to the service or work that I perform or agree to perform;
5. I am responsible for the satisfactory completion of work or services that I perform or agree to perform and I am or could be held liable for a failure to complete the work or service;
6. I receive compensation for work or services performed for a commission or on a per job or competitive bid basis and not on any other basis;
7. I may realize a profit or suffer a loss in connection with performing work or services;
8. I have continuing or recurring business liabilities or obligations;
9. The success or failure of my business depends on the relationship of business receipts to expenditures.

I, _____, do certify and affirm by this affidavit that I comply with each of the above nine (9) items. It is my position that I am an Independent Contractor for Florida Workers Compensations purposes.

Signature , Title

Date

Social Security #: _____

Notary

Date

The independent contractor should also provide a valid certificate of insurance coverage or a current exemption form which reflects the name of the business shown above.