



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](http://www.pittsburghpa.gov/pli)