



Work Comp Associates, Inc.

Florida's Premier Source for Workers' Compensation Coverage & Information

Revocation of Election to be Exempt

DWC-250-R

Revision date: 6/19/2007

Instructions:

Please complete the form, including the "Scope of Business": write in the four-digit Scopes code(s) that appear on your policy, as provided by your workers' compensation agent/carrier.

Please sign and date the form.

This form is provided courtesy of Work Comp Associates, Inc.

NOTICE OF REVOCATION OF ELECTION TO BE EXEMPT

STATE USE ONLY
Effective/Issue Date: <hr/>
Control Number: <hr/>
Postmark Date: <hr/>
Received Date: <hr/>

PLEASE TYPE OR PRINT

I hereby revoke the exemption I currently have as a (check only one box in this section):	
CONSTRUCTION INDUSTRY	
<input type="checkbox"/> Corporate Officer (your corporate title: _____)	<input type="checkbox"/> Member of Limited Liability Company -OR-
NON-CONSTRUCTION INDUSTRY	
<input type="checkbox"/> Corporate Officer (your corporate title: _____)	

THIS REVOCATION OF ELECTION TO BE EXEMPT APPLIES ONLY TO THE PERSON SIGNING THE REVOCATION AND ONLY TO THE CORPORATION/LLC THAT IS LISTED IN THE FOLLOWING SECTION:			
Corporation or LLC Name: _____			
Business Mailing Address: _____	City: _____	State: _____	Zip: _____
County: _____	Phone No.: () _____	FEIN: _____	Corporate registration number: _____
Scope of Business or Trade of Applicant Listed on Notice of Election to be Exempt:			
1. _____	2. _____	3. _____	4. _____
You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business. Carrier Name: _____			

PURSUANT TO SECTION 440.05 (3) FLORIDA STATUTES, UPON FILING A NOTICE OF REVOCATION, IF YOU ARE AN OFFICER WHO IS A SUBCONTRACTOR OR AN OFFICER OF A CORPORATE SUBCONTRACTOR, YOU MUST NOTIFY YOUR CONTRACTOR THAT YOU HAVE REVOKED YOUR EXEMPTION.

PURSUANT TO SECTION 440.05 (3) FLORIDA STATUTES, UPON REVOCATION OF A CERTIFICATE OF ELECTION OF EXEMPTION BY THE DEPARTMENT, THE DEPARTMENT SHALL NOTIFY THE WORKERS' COMPENSATION CARRIER(S) IDENTIFIED IN THE REQUEST FOR EXEMPTION.

TYPE/PRINT NAME OF EXEMPTION HOLDER	SOCIAL SECURITY NUMBER
SIGNATURE OF EXEMPTION HOLDER	DATE SIGNED

Workers' Compensation Information Online - <http://www.fdfs.com/WC/>

**SUBMIT THIS FORM TO THE DISTRICT OFFICE LISTED BELOW
THAT IS CLOSEST TO YOUR PLACE OF BUSINESS:**

WORKERS' COMPENSATION COMPLIANCE FIELD OFFICES

**4415 Metro Parkway
Suite #300
Ft. Myers FL 33916
Telephone (239) 938-1840**

**921 N. Davis St.
Building B, Suite #250
Jacksonville, FL 32209
Telephone (904) 798-5806**

**1111 NE 25th Ave.
Suite #403
Ocala FL 34470
Telephone (352) 401-5350**

**3111 South Dixie Hwy.
Suite #123
West Palm Beach FL 33405
Telephone (561) 837-5716**

**1313 North Tampa Street
Suite #503
Tampa FL 33602
Telephone (813) 221-6506**

**610 E. Burgess Road
Pensacola, FL 32504-6320
Telephone (850) 453-7804**

**1718 Main St.
Suite #201
Sarasota FL 34236
Telephone (941) 329-1120**

**499 Northwest 70th Avenue
Suite #116
Plantation FL 33317
Telephone (954) 321-2906**

TALLAHASSEE:

**Walk-in submissions
2012 Capital Circle SE
Suite #102 Hartman Bldg.
Tallahassee FL 32399-2161
Telephone (850) 413-1609**

**401 NW 2nd Ave.
Suite S-321
Miami FL 33128-1740
Telephone (305) 536-0306**

**400 West Robinson St.
North Tower, Suite N512
Orlando FL 32801-1756
Telephone (407) 245-0896 or
(407) 835-4406**

**Mail in submissions
200 East Gaines Street
Tallahassee FL 32399-4228
Telephone (850) 413-1609**