



# Work Comp Associates, Inc.

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

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## **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):	
<b>CONSTRUCTION INDUSTRY</b>	
<input type="checkbox"/> Corporate Officer (your corporate title: _____)	<input type="checkbox"/> Member of Limited Liability Company <b>-OR-</b>
<b>NON-CONSTRUCTION INDUSTRY</b>	
<input type="checkbox"/> Corporate Officer (your corporate title: _____)	

<b>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:</b>			
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 25<sup>th</sup> 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 70<sup>th</sup> 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**