



**BUILDING AND
DEVELOPMENT SERVICES
DEPARTMENT**
2255 West Berry Avenue Littleton,
Colorado 80120
Phone: 303-795-3751
Fax: 303-795-3707

WAIVER FOR WORKMAN'S COMPENSATION INSURANCE

I, _____, verify that I am sole owner or partner of

_____ ,

and am therefore not required to carry workman's compensation insurance.

I further state that if I hire subcontractors, the subcontractors are required by myself to carry Workman's
Compensation.

Signed: _____

Date: _____

Witnessed by: _____

Date: _____