

The City of Daytona Beach
Permit and Licensing Division
386-671-8140

**AFFIDAVIT OF COMPLIANCE FOR WORKMAN'S
COMPENSATION**

I _____, REPRESENTING

swear that I meet all requirements for Workman's Compensation coverage described in Chapter 440, Florida Statutes.

Misrepresentation of any facts on this affidavit shall result in revocation of the permit and/or my Certificate of Competency.

Signed

Address of Job: _____

Permit Number: _____

STATE OF FLORIDA
COUNTY OF VOLUSIA

Sworn to and subscribed before me this _____ day of _____ A.D.

By _____ who is personally known to me or who has

Produced _____ and did (did not) take an oath.

Notary Public, State of Florida

My Commission Expires: _____

Commission No.: _____