



**STATE OF IDAHO DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSES**

PO BOX 83720  
Boise, ID 83720-0063  
Ph: 208-334-3233

Website: [dopl.idaho.gov](http://dopl.idaho.gov)  
Email: [customer-service@dopl.idaho.gov](mailto:customer-service@dopl.idaho.gov)

**Worker's Compensation Exemption Form**

Electrical Contractors and Limited Electrical Contractors are required to submit proof of worker's compensation insurance. To determine if you are worker's compensation exempt please contact the Idaho Industrial Commission. If you have determined that you are worker's compensation exempt and will not be submitting proof of worker's compensation, please sign below.

By signing this I qualify as an exempt employer for worker's compensation insurance:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Electrical Contractor/Limited Electrical Contractor License number