

BUILDING DEPARTMENT
City of Bridgeport

Office of:
BUILDING DEPARTMENT
45 Lyon Terrace
Bridgeport, CT 06604



JOSEPH P. GANIM
MAYOR
SEAN MASI
BUILDING OFFICIAL

State of Connecticut
Worker's Compensation Commission
Sign License Affidavit for Sole Proprietors

Name of Business: _____

Federal Employer Identification Number (FEIN) _____

Affidavit

I hereby swear and attest that I will require proof of worker's compensation insurance for every contractor, subcontractor, or other worker before he/she engages in work in accordance with the Workers' Compensation Act (Chapter 568).

I understand that pursuant to § 31-275 C.G.S., officers of a corporation and partners in a partnership may elect to be excluded from coverage by filing a waiver with the appropriate District Office; and that a sole proprietorship of a business is not required to have coverage unless he files his intent to accept coverage.

(Signature of Applicant)

Subscribed and sworn to before me this ____ day of _____, 20__.

(Notary Public/Commissioner of the Superior Court)

Subscribed and sworn to before me this ____ day of _____, 20__.

(Notary Public/Commissioner of the Superior Court)