

week n August (530) 283-6272 FAX (530) 283-6431 www.countyofplumas.com/fair/index.htm

EXEMPTION FROM WORKER'S COMPENSATION

I HEREBY CERTIFY THAT I AM AN INDEPENDENT CONTRACTOR AND HAVE NO PAID OR VOLUNTEER EMPLOYEES AND. THEREFORE. WORKER'S COMPENSATION INSURANCE WHICH IS REQUIRED BY THE PLUMAS-SIERRA COUNTY FAIR DOES NOT APPLY.

I AM AWARE THAT THIS STATEMENT IS FOR THE INTERNAL USE OF CALIFORNIA FAIR SERVICES AUTHORITY AND THE COUNTY OF PLUMAS AND DOES NOT ALTER THE WORKER'S COMPENSATION REQUIREMENTS IN THE LABOR CODE OF THE STATE OF CALIFORNIA DEFINING "EMPLOYEES".

Signature of Contractor	
3	
Date	,