

RICHLAND TOWNSHIP SUPERVISORS

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Rian C. Barker, Public Works Director
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Melvyn D. Wingard, Chairman
Wayne Langerholc, Jr, Vice Chairman
Robert B. Heffelfinger
Jay T. Marsden
Gary A. Paul, Secretary

Workers' Compensation Insurance Exemption Information for Contractors

Name of Applicant: _____

Name of Construction Co.: _____

Address: _____ City: _____

State: _____ Zip: _____

Telephone: () _____ Fax: () _____

PA Contractor License Number: _____

The undersigned swears or affirms that he/she is not required to provide Workers' Compensation Insurance under the provisions of Pennsylvania's Workers' Compensation Law for one of the following reasons as indicated:

() Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to Richland Township.

() Religious exemption under the Workers' Compensation Law.

Subscribed and sworn to before me

This _____ day of _____ 20____

Signature of Notary Public

My Commission Expires: _____

Signature of Applicant: _____ Date: _____