



STATE PLUMBING BOARD OF LOUISIANA

"From Hospital to Home, Your Health Depends on Proper Plumbing
— A Cornerstone of Public Health"

PLEASE SUBMIT THIS DOCUMENT TO THE SPBLA OFFICE:
11304 CLOVERLAND AVE. BATON ROUGE, LA 70809
PHONE: (225) 756-3434 • FAX: (225) 756-3433
WWW.SPBLA.COM

Louisiana Workers' Compensation Exemption Affidavit

This form is to be used **ONLY** when your employing entity is exempt from carrying Workers' Compensation under R.S. 23:1044- Labor and Worker's Compensation Law.
If you hold multiple licenses, one affidavit will suffice for all licenses.

EMPLOYING ENTITY- *Engaging in the business or art of plumbing and/or gas fitting*

Full Company Name: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Parish: _____

Please select the TYPE OF BUSINESS: Corporation LLC Sole Proprietorship Partnership

Please choose one of the following that you are claiming an exemption for:

No Employees

Employing entity with multiple owners claiming exemption

*A minimum of 10% ownership for each additional owner is required to qualify for the exemption.

Please indicate the owner(s) claiming exemption and the percentage of the ownership in the space provided:

Name of owner(s) claiming exemption	Percentage of Ownership	Signature

Note: By signing this affidavit, each owner affirms under the penalties of perjury that the information contained in this affidavit is true and correct. This document does not serve as proof of exemption, it only serves as documentation that the employing entity owner(s) attest to being exempt under the R.S. 23:1044- Labor and Worker's Compensation law.

If at any time, should you no longer qualify for this exemption, please update the State Plumbing Board of Louisiana with proof of Workers Compensation Insurance for your employing entity.

Signature: _____ Date: _____