



**Metropolitan
Area Building &
Construction
Department**

271 W. 3rd St. N., Suite 101 - Wichita, KS 67202 - www.sedgwickcounty.org - TEL: 316-660-1840 - FAX: 316-660-1810

EXEMPTION OF WORKER'S COMPENSATION

I, _____, doing business as a licensed contractor,
under the company name of _____,

**Companies under sole proprietorship must complete the Waiver in the following format:
First name, last name DBA company name**

do not come under the requirements of the State of Kansas for Worker's Compensation
Insurance. Upon change of this status I will notify M. A. B. C. D.

Signed: _____

Date: _____

Subscribed and sworn to before me in my presence in the County of _____,
State of Kansas, this _____ day of _____, 20_____.

Notary Public

Notary Stamp: