ATTACHMENT 7: Individual or Sole Proprietorship Exempt from Workers' Compensation Insurance Statement

I certify under penalty of perjury under the laws of the State of California that I do not employ any person in any manner as to become subject to the Workers' Compensation Laws of California.

I further certify that the Department of Rehabilitation will be notified within ninety (90) days of any changes which results in the business becoming subject to the Workers' Compensation laws of the State of California.

RFP No.: _____–

_____ _____
Print Name Date

_____
Signature