Kim Reynolds, Governor Adam Gregg, Lt. Governor Rod A. Roberts, Labor Commissioner



Contractor Registration #:	DEVELOPMENT
	Division of Labor
Business Name:	
FEE EXEMPTION FORM	
Check one that applies to your business:	
I am a self-employed sole proprietor.	
I am a single member LLC and I have attached proof.	
Check all statements that apply to your current	business situation:
	to employ other people in the business (do not include Enclose a list of employees that have worked in the past 12 oyee.
	or other contractors working in the "same phase of uction" is defined as the same type of work, such as acrete work, etc.
fee. If your business changes so that you no longer immediately forward the fee to the lowa Division of	Labor. A new fee exemption form is required yearly along have a notary public ready to witness when signing this fee
To be filled out only by a notary public	
STATE OF COUN	TY OF
Signed and sworn to (or affirmed) before me on the	is, 20
Ву	
(printed contractor's name)	
	NOTARY PUBLIC in and for the State of
	My commission expires
Contractor's printed name Contractor	's signature Date