



# City of Belle Isle

Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8161 \* Fax 407-581-0313 \* [www.universalengineering.com](http://www.universalengineering.com)

**PERMIT CARD - PLEASE POST AT JOB SITE**  
 THIS DOCUMENT BECOMES YOUR PERMIT WHEN PROPERLY VALIDATED

Per FBC 105.3.3: An enforcing authority may not issue a building permit for any building construction, erection, alteration, modification, repair or addition unless the permit either includes on its face or there is attached to the permit the following statement: "NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies, or federal agencies." The issuance of this permit does not grant permission to violate any applicable City, Orange County, State of Florida and/or Federal codes and/or ordinances. Separate permits are required for Signs, Roofing, Electrical, Gas, Plumbing and Mechanical services. This permit becomes VOID if the work authorized is not commenced within 6 months, or is suspended or abandoned for a period of 6 months after commencement. WORK SHALL BE CONSIDERED SUSPENDED IF AN APPROVED INSPECTION HAS NOT BEEN MADE WITHIN A 6 MONTH PERIOD. PERMISSION IS GRANTED TO DO THE FOLLOWING WORK ACCORDING TO THE CONDITIONS HEREON AND THE APPROVED PLANS AND SPECIFICATIONS, SUBJECT TO COMPLIANCE WITH THE ORDINANCES OF THE CITY OF BELLE ISLE, FLORIDA.

<p><b>Scope of Work:</b> ELECTRICAL: Low voltage – data, voice, speakers, pre-wire</p> <p><b>Comments:</b> None</p> <p><b>Project Information</b>        Address: 5138 Oak Island Road, Belle Isle, FL 32812        Parcel ID: 18-23-30-7160-02-020        Property Owner: Jeanette M Davis Living Trust        Phone Number: none        *****        Company Name: Westcott Inc        Contractor Name: Caldwell, William        License Number: ES12000745        Address: 127 W. Fairbanks Avenue, Winter Park FL 32789        Phone Number: 407 808 5454</p>	<p style="text-align: right;"><b>Permit Number: 2015-09-004</b></p> <p style="text-align: right;"><b>Date of Application: 08/28/2015</b>  <b>Date Permit Issued: 08/31/2015</b></p> <p><b>WARNING TO OWNER:</b> "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT." ON THE JOB INSPECTION(S) MUST BE MADE BEFORE PROCEEDING WITH SUBSEQUENT WORK. THIS CARD MUST BE DISPLAYED OUTSIDE AND BE PROTECTED FROM THE WEATHER WHILE BEING VISIBLE FROM THE STREET UNTIL THE FINAL INSPECTIONS HAVE BEEN APPROVED.</p>
---	--

**BUILDING FEATURES**

<p><b>IMPACT FEES</b></p> <p>School \$        Traffic \$</p> <p><b>ZONING FEES</b></p> <p>Zoning Fee \$</p> <p><b>UNIVERSAL ENG - BUILDING FEES</b></p> <p>Cert of Occ \$        Demo \$        Building \$        Fence \$        Driveway \$        Shed \$        Window(s) \$        Door(s) \$        PrePower \$        Electrical \$70.50        Temp Pole \$        Plumbing \$        Mechanical \$        Gas \$        Roofing \$        Boat Dock \$        Screen Encl \$        Swimming Pool \$</p> <p><b>SURCHARGE FEES</b></p> <p>Surcharge Fee \$2.00        Surcharge Fee \$2.00</p> <p style="text-align: center;"><b>TOTAL FEES \$74.50</b></p> <p><b>Date Paid</b> 8-31-15</p> <p><b>CC or Check #</b> AMEX 54003</p> <p><b>Amount Paid</b> 74.50</p> <p>The person accepting this permit shall conform to the terms of the application on file and construction shall conform to the requirements of the Florida Building Code (FS 553).</p>	<p style="text-align: center;"><b>BUILDING INSPECTOR USE ONLY</b></p> <p>IF APPLICABLE:        Have Zoning Approval Conditions Been Met? YES NO    Have Stormwater Approval Conditions Been Met? YES NO    Silt fencing in place? YES NO    Turbidity Barrier in place? YES NO</p> <p><b>BUILDING</b></p> <p>1<sup>st</sup> _____ (Footing/Foundation)        Survey specific foundation plan must be onsite before slab pour. Approved Plan on Site? ____</p> <p>2<sup>nd</sup> _____ (Slab)</p> <p>3<sup>rd</sup> _____ (Lintel)(Wall Reinforcing on Masonry Building)</p> <p>4<sup>th</sup> _____ (Exterior Framing)(Roof/Wall Sheathing)</p> <p>5<sup>th</sup> _____ (Framing) (To be made after Plumbing/ Mechanical/ Electrical Rough-Ins &amp; Windows/Doors Installed)</p> <p>6<sup>th</sup> _____ (Insulation to be Made After Roof Installed)</p> <p>7<sup>th</sup> _____ (Drywall)</p> <p>8<sup>th</sup> _____ (Sidewalk/Driveway)</p> <p>9<sup>th</sup> _____ (Other)</p> <p>10<sup>th</sup> _____ (Final – After MEP and Other Applicable Finals)</p> <p><b>ROOFING</b></p> <p>1<sup>ST</sup> ROOFING Deck Nailing/Dry-in/Flashing _____</p> <p>2<sup>nd</sup> ROOFING Covering In-Progress _____</p> <p>3<sup>rd</sup> ROOFING Covering Final _____</p> <p><b>PLUMBING</b> (Pool-Piping, Solar, Irrigation, Water Treatment Equip, Etc...)</p> <p>1<sup>ST</sup> _____ (Underground)    2<sup>nd</sup> _____ (Sewer)</p> <p>3<sup>rd</sup> _____ (Rough-In/Tub Set)    4<sup>th</sup> _____ (Final)</p> <p><b>CHECK APPROPRIATE BOX</b></p> <p><input type="checkbox"/> GAS <input type="checkbox"/> Natural <input type="checkbox"/> LP    <input type="checkbox"/> MECHANICAL    <input type="checkbox"/> ELECTRICAL    <input type="checkbox"/> LOW VOLTAGE</p> <p>1<sup>st</sup> _____ (Rough-In)    2<sup>nd</sup> _____ (Final)</p>
---	---

Inspection requests are to be emailed to [BDscheduling@UniversalEngineering.com](mailto:BDscheduling@UniversalEngineering.com); a confirmation email will be sent back to you upon scheduling. Next-Day Inspection requests must be made by 1pm. Please include the following in your request: Permit #, project address, type of inspection, date of the requested inspection, a contact name & a contact phone number. AM or PM may be requested but cannot be guaranteed.

CITY OF BELLE ISLE  
Permit Application Review Sheet

Permit Number	2015-09-004
Property Owner	Jeanette Davis Living Trust
Address	5138 Oak Island Rd
Nature of Improvement	Low Voltage
Received Application	8-28-15
Sent for Stormwater Review	
Stormwater Approved	✓
Sent for Zoning Review	
Zoning Approved	✓
Applied for Variance	
Variance Approved	
Sent to BO for Review	8-28-15
Building Official Approved	8-28-15
Comments	
1.	Susan 8-28-15 all good ✓ WO #56470
2.	emailed to Jay ✓
3.	Susan 8-31-15 emailed it's ready
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	



City of Belle Isle  
 Universal Engineering Sciences 3532 Maggie Blvd., Orlando, FL 32811  
 Tel 407-581-8181 \* Fax 407-581-0313 \* www.universalengineering.com

RECEIVED  
 AUG 28 2015

**APPLICATION FOR ELECTRICAL PERMIT**

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

DATE OF APPLICATION: Aug 28, 2015

PERMIT NUMBER 2015-09-004

The undersigned hereby applies for a permit to make electrical installations as indicated below. PLEASE PRINT

Project Address 5138 Oak Island Road 5138 Oak Island, Belle Isle FL  32808  32812

Property Owner Jeanette M Davis Living Trust Jeanette M Davis Living Trust

Property Owner's Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Parcel Id Number: 18-23-30-7160-02-020

To obtain this information, please visit: <http://www.ocaff.org/Searches/ParcelSearch.aspx>

Class of Building: Old  New  Type of Building: Residential  Commercial  Other   
 Type of Work: New  Alteration  Addition  Repair  Low Voltage New  Existing

INDICATE THE QUANTITY OF ALL EQUIPMENT TO BE INSTALLED

Dishwasher _____	Exhaust Fan _____	Disposal _____	Water Heater _____
Hood Fan _____	Dryer _____	Paddle Fan _____	Outlets _____
Fixtures _____	Spa _____	Pool _____	Switches _____
Electric Signs _____	Meter Reset _____	Low Voltage <u>30</u>	Stoves _____
Pumps _____	Motors _____	Air Conditioning (tons) _____	Furnace (KW) _____

Temporary Construction Pole \_\_\_\_\_ One (1) New Meter Service \_\_\_\_\_ Amperage/Voltage/Phase \_\_\_\_\_

Meter Service Upgrade from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_  
 Amperage/Voltage/Phase Amperage/Voltage/Phase Difference In Size

Relocate Existing Meter Service (No Service Size Change) \_\_\_\_\_

Other: Data, Voice, Speakers, Camera per-wire Data, voice, speakers, data, pre-wire

PERMIT FEE BASED ON METER SERVICE SIZE SCHEDULE ..... \$ \_\_\_\_\_  
 (IF NO METER SERVICE WORK BEING DONE, USE VALUATION OF JOB FOR PERMIT FEE)

VALUATION OF JOB (VALUATION OF ALL MATERIALS, LABOR, AND FIXTURES INSTALLED \$2,200.00 2,200)

Building Official: Jace VF Electric Date 8-28-15  
 Verified Contractor's Licenses & Insurance are on file SW Date 8-28-15

Permit Fee = \$ 47.00  
 Review Fee = \$ 23.50  
 3% FL Surcharge = \$ 4.00  
 TOTAL Permit = \$ 74.50

I hereby certify that the above is true and correct to the best of my knowledge.

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Florida Building Code Regulations and City Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Town and/or State of Florida codes and/or ordinances.

LICENSE HOLDER SIGNATURE \_\_\_\_\_ LICENSE # ES12000745

LICENSE HOLDER NAME William Caldwell COMPANY NAME Westcott Inc

Street Address 127 W. Fairbanks Ave. #205 127 W. Fairbanks Ave

City Winter Park WP State FL Zip Code 32789 Phone Number 407-588-5959

Email Address william@westcott.ws 32789

NOTE: The Building Permit Number is required if the Electrical Installation is associated with any construction or alteration where a Building Permit has been issued.

Building Permit Number 2014-10-025

## Susan Manchester

---

**From:** John Connell  
**Sent:** Friday, August 28, 2015 4:42 PM  
**To:** Susan Manchester  
**Subject:** RE: 5138 Oak Island Rd - Low voltage permit app 2015-09-004 for review

Approved

---

**From:** Susan Manchester  
**Sent:** Friday, August 28, 2015 4:17 PM  
**To:** John Connell; CobiPermits  
**Subject:** RE: 5138 Oak Island Rd - Low voltage permit app 2015-09-004 for review

Info on cover sheet.

Thanks,

*Susan*



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**ELECTRICAL CONTRACTORS LICENSING BOARD  
1940 NORTH MONROE STREET  
TALLAHASSEE FL 32399-0783**


**(850) 487-1395**

**CALDWELL, WILLIAM  
WESCOTT INC  
127 WEST FAIRBANKS AVENUE  
SUITE 266  
WINTER PARK FL 32789**

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto [www.myfloridalicense.com](http://www.myfloridalicense.com). There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION**

ES12000745      ISSUED: 08/13/2014

**CERT. SPECIALTY ELECTRICAL CONTR  
CALDWELL, WILLIAM  
WESCOTT INC  
CERTIFIED AS:  
LIMITED ENERGY SYSTEMS SPEC.**

IS CERTIFIED under the provisions of Ch. 489 FS.  
Expiration date : AUG 31, 2016      L1408130002049

DETACH HERE

RICK SCOTT, GOVERNOR



KEN LAWSON, SECRETARY

**STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
ELECTRICAL CONTRACTORS LICENSING BOARD**

<b>LICENSE NUMBER</b>	
ES12000745	

The **SPECIALTY ELECTRICAL CONTRACTOR**  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2016  
AS A LIMITED ENERGY SYSTEMS SPECIALIST

**CALDWELL, WILLIAM  
WESCOTT INC  
127 W FAIRBANKS AVE SUIT 266  
WINTER PARK FL 32789**

ISSUED: 08/13/2014
DISPLAY AS REQUIRED BY LAW
SEQ # L1408130002049



NETWO-3 OP ID: KA

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
08/28/2015

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**


<b>PRODUCER</b> Newman Crane & Associates Ins. The Hill Group of Florida, LLC P. O. Box 588946 Orlando, FL 32856-8946 Newman Crane & Assoc. Ins.		<b>CONTACT NAME:</b> Newman Crane & Assoc. Ins. <b>PHONE (A/C, No, Ext):</b> 407-859-3691 <b>FAX (A/C, No):</b> 407-857-0409 <b>EMAIL ADDRESS:</b>																						
<b>INSURED</b> Wescott Inc DBA Network Services 127 West Fairbanks Ave Ste 206 Winter Park, FL 32789		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Old Dominion Ins. Co.</td> <td>40231</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Old Dominion Ins. Co.	40231	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A:	Old Dominion Ins. Co.	40231																						
INSURER B:																								
INSURER C:																								
INSURER D:																								
INSURER E:																								
INSURER F:																								

**COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:**

**THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.**

INSTR LTR	TYPE OF INSURANCE	ADDL INSR END	INSR W/D	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			MPG4811A	04/28/2015	04/29/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  City of Belle Isle 1600 Neja Ave. Orlando, FL 32809	<b>CITY:</b> B13  <b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

© 1988-2014 ACORD CORPORATION. All rights reserved.

**Scott Randolph, Tax Collector Local Business Tax Receipt Orange County, Florida**

This local business tax receipt is in addition to and not in lieu of any other tax required by law or municipal ordinance. Businesses are subject to regulation of zoning, health and other lawful authorities. This receipt is valid from October 1 through September 30 of receipt year. Delinquent penalty is added October 1.

2014 **EXPIRES 9/30/2015** 1802-1075139  
 1802 \*CERT SPECIALTY ELECT \$30.00 1 EMPLOYEE 5000 BUSINESS OFFICE \$30.00 1 EMPLOYEE



TOTAL TAX \$60.00  
 PREVIOUSLY PAID \$60.00  
 TOTAL DUE \$0.00

CALDWELL WILLIAM

127 W FAIRBANKS AVE #266  
 B - WINTER PARK, 32789

WESCOTT INC  
 127 W FAIRBANKS AVE #266  
 WINTER PARK FL 32789

PAID: \$60.00 2504-00576123 8/19/2014

This receipt is official when validated by the Tax Collector.



**CITY OF WINTER PARK**

NO. 15-00026151

BUSINESS CERTIFICATE  
 401 S. PARK AVENUE  
 WINTER PARK, FLORIDA 32789

This certificate must be posted  
 conspicuously in your place of  
 business

LOCATION: 127 W FAIRBANKS AVE

Bus., Prof. or Occupation  
 ELECTRICAL CONTRACTOR

CLASSIFICATION: 3059004

Certificate Fee 157.50  
 Delinquent Penalty .00  
**TOTAL 157.50**

ISSUED TO: WESCOTT INC.  
 127 W FAIRBANKS AVE #266  
 WINTER PARK FL 32789

This certificate expires:  
**SEPT. 30, 2015**

NOTE: LOW VOLTAGE ELECTRICAL CONTRACTOR.



JEFF ATWATER  
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA  
DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

**\*\* CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW \*\***

**CONSTRUCTION INDUSTRY EXEMPTION**

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

**EFFECTIVE DATE:** 5/22/2015

**EXPIRATION DATE:** 5/21/2017

**PERSON:** CALDWELL

WILLIAM

**FEIN:** 263499277

**BUSINESS NAME AND ADDRESS:**

WESCOTT INC

127 W. FAIRBANKS AVE. #266

WINTER PARK FL 32789

**SCOPES OF BUSINESS OR TRADE:**

LICENSED ELECTRICAL  
CONTRACTOR

Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

QUESTIONS? (850)413-1609