

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
		Use ACORD 172 FL, Florida Revocation of Election to be Exempt, to notify the Florida Division of Workers Compensation, Bureau of Workers Compensation Compliance, that an individual who previously submitted a notice of election to be exempt from Workers' Compensation coverage now intends to revoke the exemption.
<b>TITLE ACORD 172 FL (2007/08)</b>	<b>Florida Revocation of Election to be Exempt</b>	ACORD 172 FL is the same as the Florida Division of Workers' Compensation form DWC 250-R Revised September 2006.
<b>CONSTRUCTION</b>	<b>Check Box - Corporate Officer</b>	Check this box if applicant is a corporate officer in the construction industry.
<b>CONSTRUCTION</b>	<b>Your Corporate Title</b>	Provide the applicant's title in the business.
<b>CONSTRUCTION</b>	<b>Check Box - Member of a Limited Liability Company</b>	Check this box if applicant is a member of a limited liability company in the construction industry.
<b>NON-CONSTRUCTION</b>	<b>Check Box - Corporate Officer</b>	Check this box if applicant is a corporate officer in a non-construction industry.
<b>NON-CONSTRUCTION</b>	<b>Your Corporate Title</b>	Provide the applicant's title in the business.
<b>CORPORATION INFORMATION</b>	<b>Corporation or LLC Name</b>	Provide the name of the Corporation or Limited Liability Company.
<b>CORPORATION INFORMATION</b>	<b>Business Mailing Address</b>	Provide the mailing address of the organization.
<b>CORPORATION INFORMATION</b>	<b>City</b>	Provide the city of the organization.
<b>CORPORATION INFORMATION</b>	<b>State</b>	Provide the state of the organization.
<b>CORPORATION INFORMATION</b>	<b>Zip Code</b>	Provide the zip code of the organization.
<b>CORPORATION INFORMATION</b>	<b>County</b>	Provide the county of the organization.
<b>CORPORATION INFORMATION</b>	<b>Phone Number</b>	Provide the telephone number of the organization. (Include area code and number)
<b>CORPORATION INFORMATION</b>	<b>FEIN</b>	Provide the federal employer identification number of the organization.
<b>CORPORATION INFORMATION</b>	<b>Corporate Registration Number</b>	Provide the corporate registration number of the organization.
<b>CORPORATION INFORMATION</b>	<b>Scope of Business or Trade of Applicant</b>	Identify the scope of the business or trade of the applicant.
<b>CORPORATION INFORMATION</b>	<b>Carrier Name</b>	Identify the Workers' Compensation carrier that covers non-exempt employees of your business.

<b>Section Name</b>	<b>Field Name</b>	<b>Field and/or Section Description</b>
<b>SIGNATURE</b>	<b>Type/Print Name of Exemption Holder</b>	Type or print the name of the exemption holder.
<b>SIGNATURE</b>	<b>Social Security Number</b>	Provide the social security number of the exemption holder.
<b>SIGNATURE</b>	<b>Signature of Exemption Holder</b>	Exemption holder must sign the form.
<b>SIGNATURE</b>	<b>Date Signed</b>	Indicate the date the form was completed. (MM/DD/YYYY)