



**City of West Plains, Missouri
Certification Application**

Name: _____

Mailing Address: _____

Phone: _____ Cell phone: _____

Company Name: _____

Description of Business: _____

Please select the most appropriate category that best describes the nature of your business:

Plumber Electrical HVAC

Workers' Compensation Coverage – If you are a Contractor in the construction industry, with one or more employees, other than yourself, you are required by State Statutes RSMo 287.061 to provide a Certificate of Insurance for Workers' Compensation coverage. If you do not employ any employees, other than yourself you may qualify for an Affidavit of Exemption for Workers' Compensation Insurance pursuant to RSMo 287.061. This form is available at City Hall and requires the signature of the applicant attesting that the contractor is exempt.

I declare, under penalty of perjury, that this application has been examined by me, and that the statements made herein are in good faith pursuant to the City of West Plains tax regulations and, to the best of my knowledge and belief, are true, correct, and complete.

Signature of Applicant: _____ Date: _____

Printed Name: _____ Date of Birth: _____

State Driver License #: _____ Last 4 of SS #: _____

Please return this application, with the needed documentation along with your remittance of the appropriate Business Fee(s) payable to the **City of West Plains**. If you have any questions, contact Janna Myracle at (417) 256-7176.