

TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION  
7551 Metro Center Drive, Suite 100  
Austin, Texas 78744

EXCEPTION TO APPLICATION OF JOINT AGREEMENT TO AFFIRM INDEPENDENT  
RELATIONSHIP FOR CERTAIN BUILDING AND CONSTRUCTION WORKERS

NOTICE OF DECLARATION

The undersigned Hiring Contractor and the undersigned Independent Contractor declare that the Joint Agreement to Affirm Independent Relationship for Certain Building and Construction Workers (as recorded on DWC FORM-83) does not apply to the subsequent hiring agreement between the Hiring Contractor and Independent Contractor. Nothing in this declaration otherwise nullifies the Joint Agreement to Affirm Independent Relationship for Certain Building and Construction Workers as it applies to other hiring agreements made during the term of the joint agreement.

DATE OF JOINT AGREEMENT TO AFFIRM INDEPENDENT  
RELATIONSHIP FOR CERTAIN BUILDING AND CONSTRUCTION  
WORKERS

DATE OF SUBSEQUENT HIRING AGREEMENT TO WHICH THIS  
FORM APPLIES

LOCATION OF SPECIFIC JOB SITES NOT AFFECTED BY JOINT AGREEMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF HIRING CONTRACTOR

NAME OF INDEPENDENT CONTRACTOR

**Hiring Contractor's Affirmation**

If the Hiring Contractor's workers' compensation carrier changes  
during the effective period of coverage, it is advisable for the Hiring Contractor to file  
this form with the new insurance carrier.

\_\_\_\_\_  
Federal Tax I.D. Number

\_\_\_\_\_  
Signature of Hiring Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
Printed Name of Hiring Contractor

\_\_\_\_\_  
Address (City, State, Zip)

**Independent Contractor's Affirmation**

\_\_\_\_\_  
Federal Tax I.D. Number

\_\_\_\_\_  
Signature of Independent Contractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (Street)

\_\_\_\_\_  
Printed Name of Independent Contractor

\_\_\_\_\_  
Address (City, State, Zip)

Four copies of this form must be completed: This agreement must be filed by the Hiring Contractor with both the Texas Department of Insurance, Division of Workers' Compensation and the workers' compensation insurance carrier of the Hiring Contractor within 10 days of the date of execution. The original must be filed with the Division. The agreement must be filed by PERSONAL DELIVERY OR CERTIFIED MAIL. Both the Hiring Contractor and the Independent Contractor must also retain a copy of the agreement.

Division Date Stamp Here

