



# Irrigation Contractor Affidavit of No Employees

This affidavit must be completed by an owner (sole proprietorship), partner (partnership), officer (corporation), or manager/member (limited liability company) for any Irrigation Contractor who states they have no employees other than the owners, partners, officers or managers/members.

Under penalties of perjury, I declare that \_\_\_\_\_,  
(Name of Irrigation Contractor)

has no employee (clerical, janitorial, plumbers, etc.) receiving wages who is required to be reported on a W-2 form.

By affixing my signature to this Affidavit of No Employees, I affirm I am an owner, partner, officer, or manager/member of the Irrigation Contractor named above, that I am authorized on behalf of this Irrigation Contractor to verify and file with the Illinois Department of Public Health this affidavit, and I have full knowledge of the matters set forth herein and all of same are true in substance and fact.

\_\_\_\_\_  
Signature of Owner, Partner, Officer, or Manager/Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signing Owner, Partner, Officer, or Manager/Member

**THIS FORM MUST BE NOTARIZED.**

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**Important Notice:**

This State Agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Illinois Plumbing Code. Disclosure of this information is mandatory pursuant to 77 IL Admin., Code 892.50. Failure to provide this form may result in suspension, denial or revocation of the Irrigation Contractor Registration. This form has been approved by the Forms Management Center IL 482-0693.