



CERTIFICATION OF EXEMPTION FROM
NORTH CAROLINA WORKERS COMPENSATION INSURANCE

I, Monique Velasquez, hereby certify that I am the
owner/operator of:

Velasquez Digital Media Communications, LLC

(Name of Company or Business)

I also certify, that I am a person, firm or private corporation that has less than three (3)
employees in the regular operation of my business.

I further certify, that I understand that I am not exempt from Workers Compensation, if my
Company/Business has one or more employees who are employed in activities which involve the
use or presence of radiation.

Finally, I certify that I have read this certification and the statements contained herein are
true and I execute this certification understanding that an untruthful statement given by me may
subject me to the penalty of perjury and/or the termination of my contract.

Monique Velasquez
Signature

Monique Velasquez

Print Name

Date: July 2, 2019