



# Notary Attestation

I \_\_\_\_\_, \_\_\_\_\_ of/for  
\_\_\_\_\_

do hereby attest the attached Request for Waiver from Requirement to Post Statutory Deposit form signatures, duly approving the request for a waiver from requirement to post a statutory deposit, were signed in perpetuity, are original signatures, or a certified copy thereof.

State of Arizona )  
 ) ss  
County of \_\_\_\_\_ )

IN WITNESS WHEREOF, I have hereunto set my hand and caused the official seal of  
\_\_\_\_\_, a notary public, to be affixed hereunto  
this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Affix Seal or Stamp

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

\_\_\_\_\_  
Signer's Email Address

**(Notary - complete this section to sign if form is filed electronically)**

IN WITNESS WHEREOF, the foregoing Request for Waiver From Requirement to Post a Security Deposit was acknowledged before me, a notary public, to be affixed hereunto by means of communication technology this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Affix Seal or Stamp

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

\_\_\_\_\_  
Signer's Email Address

**Request for Waiver from Requirement to Post Statutory Deposit  
Pursuant to A.A.C. § 1525 (A)**



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- 1) is a duly qualified, eligible, and authorized Arizona self-insurer pursuant to Arizona Revised Statute § 23-961 et. seq., and the Arizona Administrative Code, and, as such, hereby requests the Industrial Commission of Arizona approve a waiver from the posting of a statutory deposit, pursuant to A.A.C. § R20-5-1525 (A).
  - 2) is a public entity or public entity pool that has operated in Arizona for a minimum of five consecutive years pursuant to A.A.C § 1525 (B)(1).
  - 3) is a public entity or public entity pool with an established trust document (attached), and a trust fund pursuant to A.R.S. § 11-981, or a public entity pool that has an established a workers' compensation pool loss account pursuant to A.A.C. § R20-5-1530 (B).
  - 4) maintains a positive fund/account balance pursuant to A.A.C. § 1525 (B)(2), that is continually funded in accordance with GASB #30 (or a successor statement) cover actuarial liabilities pursuant to A.A.C § 1525 (B)(3).
  - 5) completes an actuary report on an annual basis with a confidence level of \_\_\_\_\_, and a discount percent of \_\_\_\_\_.
  - 6) shall file current quarter financial statements and a statement of unpaid liabilities with the Division every six months, beginning six months after a waiver is granted pursuant to A.A.C. § R20-5-1525 (E).
  - 7) will cure an account or fund deficiency immediately upon discovery.
  - 8) shall cure an account or fund deficiency within 30 days of being notified by the Division.
  - 9) shall file a completed Workers' Compensation Liability Form, and post security as required by the Commission within 10 days of service of a written findings and order revoking the waiver of security pursuant to A.A.C. § R20-5-1525 (G).
  - 10) understands the decision of the Commission to approve, deny, or revoke a request for waiver of security shall be made by a majority vote of a quorum of Commissioners present at a public meeting; if the Commission grants a waiver of security, the waiver shall be included in the Resolution of Authorization issued under R20-5-1509 (F) and shall continue unless the public entity or public entity pool named in this document no longer satisfies the requirements of A.A.C § 1525.
  - 11) shall file a completed Workers' Compensation Liability Form, and post security pursuant to A.R.S. § 23-961, A.A.C. § 1520, and/or 1509 (C) if the requirements of A.A.C § 1525 are not satisfied.

**The signature(s) below represent**

\_\_\_\_\_,  
**and as such, certifies and attests that the information contained in this Request for Waiver From Posting Security Form is accurate and correct.**

*If the signature responsibility is delegated to one public employee position or designated officer, attach the code or ordinance section (Public Entity), or bylaws, resolution or incorporating documents (Public Entity Pool).*

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date \_\_\_\_\_

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date \_\_\_\_\_

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date \_\_\_\_\_

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date \_\_\_\_\_

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date \_\_\_\_\_