## STATE OF MAINE WORKERS' COMPENSATION BOARD 27 STATE HOUSE STATION AUGUSTA, ME 04333-0027 TEL: 207-287-3751 FAX: 207-287-5413 TDD: (877) 832-5525

## APPLICATION FOR A CERTIFICATE OF INDEPENDENT STATUS

I, \_\_\_\_\_, hereby request, pursuant to 39-A M.R.S.A. Secs. 105 and 401, a Certificate of Independent Status.

WOOD HARVESTER:

NAME

ADDRESS NUMBER AND STREET

CITY STATE ZIP

TELEPHONE NUMBER

## Please answer each of the following questions accurately and completely.

1. (a) Do you work alone?

YES\_\_\_\_\_ NO\_\_\_\_\_

(b) If the answer to Question 1(a) is NO, do you work with (Please check appropriate box(es).)

Parent	Child
Spouse	Niece
Sibling	Nephew
Partner	Other (please describe)

2. Please list the tools and equipment that you own and use to harvest wood. (Attach a separate sheet if necessary.)

- 3. Who is in charge of your day-to-day operations?
- 4. Do you usually work for more than one landowner during the course of a year?

YES\_\_\_\_\_ NO\_\_\_\_\_
5. Please describe who you have done work for during the last twelve (12) months. (Attach a separate sheet if necessary.) Landowner:
Start Date\_\_\_\_\_\_ End Date\_\_\_\_\_\_
6. Please describe who you will be doing work for during the next twelve (12) months. (Attach a separate sheet if necessary.) Landowner:
Start Date\_\_\_\_\_\_ End Date\_\_\_\_\_\_

7. Please check the boxes that indicate how you are paid for harvesting wood.

By the Hour		
By the Job		
(in a lump sum)		
By the Cord		
By Board Feet		
Other (please describe)	 	

## Please read carefully and sign below.

I hereby certify that the foregoing information is truthful and accurate. I understand that should any information contained in this application be found to be intentionally misleading or fraudulent, the Certificate of Independent Status shall be nullified. I further understand that the Certificate of Independent Status is based upon the information provided in this application and that any changes in these circumstances may nullify the Certificate of Independent Status. I agree to notify the Workers' Compensation Board of any subsequent changes.