#### **PROOF OF OWNERSHIP MASTER FORM**

COMPLETE and RETURN with copies of ETA Forms 9142 and 790 to:

Director, Bureau of Labor Standards 45 State House Station Augusta, ME 04333-0045

Name of Employer:

**Unemployment Insurance Account Number:** 

Name of the company owner(s), President, or CEO:

If Corporation, please provide name of Clerk of Corporation:

Address of main office:

Contact Person if other than owner:

Telephone #:

Number of bond (H2A) workers requested:

Complete and attach **Equipment List** pages as needed identifying all equipment that may be used by a bonded worker hired by you under the H2A program. (Note: **Documentation is required for all equipment listed!**)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

### PROOF OF OWNERSHIP MECHANICAL EQUIPMENT LIST

Provide description and serial number of all equipment **owned** by applicant that may be used by a bonded worker hired under the H2A program.

Equipment Description	Serial Number
(example) Feller Buncher	FB000123

Attach receipts for purchase of all equipment listed above and documentation of tax payments made.

#### PROOF OF Bona Fide LEASE MECHANICAL EQUIPMENT LIST

Provide description and serial number of all equipment **leased** by applicant that may be used by a bonded worker hired under the H2A program.

<b>Equipment Description</b>	Serial Number	Lease Holder (lessor)
(example) feller buncher	FB000123	CMR Enterprises

#### Attach required documentation for all equipment listed above, including:

- A copy of each lease document, including specific duration and lease amount.
- Address and telephone number of each lessor.
- Affiliates and subsidiaries of each lessor.
- Names, addresses and telephone numbers of each lessor's owner(s), agent(s) and directors.
- Name(s) of bond worker(s) or family members of bond worker(s) or other individual(s) related to bond worker(s) by blood or marriage, who own or control the lessor, if any.
- Copies of leases by the lessor of logging equipment to at least three different, unrelated entities within each of the past three years.

#### PROOF OF OWNERSHIP BONDED (H2A) WORKER – Equipment Usage Form

Name of Worker:	
Country of Origin:	
Date admitted into USA:	
Occupation:	Location of work (county):
Employment start date:	Expected end date:

Description and serial number of the equipment this worker will operate:

Description

Serial Number

File one form for each bond worker within 30 days of start date, and attach a copy (both sides) of the worker's DHS-CBP I-94 Entry & Departure Record.

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# Maine Department of Labor Bureau of Labor Standards

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