

STATE OF MAINE
WORKERS' COMPENSATION BOARD
27 STATE HOUSE STATION
AUGUSTA, ME 04333-0027
TEL: 207-287-7071 FAX: 207-287-5413 TTY: 711

**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

DOING BUSINESS AS

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.

DATE

SIGNATURE OF WOOD HARVESTER