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

1,				,	hereby reques	t, pursuant
to 39-A	M.R.S.A. Secs.	105 and 401, a (Certificat	e of Indepe	endent Status.	, ,
		WOOD H	HARVEST	FR·		
		WOOD	IAIKVEST	LIX.		
		NAME			-	
		DOING I	DUCTNESS			
		DOING	BUSINESS	AS		
	ADDRESS NUMBER AND STREET				-	
					_	
		CITY	STATE	ZIP		
		TELEPHONE NUMBER			-	
Please	answer each	of the following	questio	ns accura	tely and com	pletely.
1. (a)	Do you work a	alone?				
	YES	NO				
(b)	If the answer to Question 1(a) is NO, do you work with (Please check appropriate box(es).)					
	Parent_ Spouse Sibling_ Partner		•	N	e)	

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: 1-888-801-9087 or TTY Maine Relay 711.

WCB-262(eff. 1/1/13, rev. 5/8/19)

2. Please list the tools and equipment that you own and use to harvest wood. (Attach

a separate sheet if necessary.)

Who is in charge of your day-to-day operations?						
Do you usually work for	more than o	ne landowner during the course of a year?				
YES	NO_					
		work for during the last twelve (12) months.				
Start Date		End Date				
		g work for during the next twelve (12) months.				
Landowner:						
Start Date		End Date				
By the Hour By the Job (in a lump sum) By the Cord By Board Fe	et	how you are paid for harvesting wood.				
ereby certify that the fore ould any information co sleading or fraudulent, the derstand that the Certifi ovided in this application a	egoing inform ontained in e Certificate of cate of Inde and that any	nation is truthful and accurate. I understand that this application be found to be intentionally of Independent Status shall be nullified. I further pendent Status is based upon the information changes in these circumstances may nullify the ee to notify the Workers' Compensation Board of				
	Please describe who you (Attach a separate sheet if necess Landowner: Start Date Please describe who you (Attach a separate sheet if necess Landowner: Start Date Please check the boxes to By the Hour By the Job (in a lump sum). By the Cord By Board Fe Other (please other (please other) that the fore ould any information consideration of the cord	Please describe who you have done was experienced by the Hour By the Job (in a lump sum) By the Cord By Board Feet Other (please describe) The Cortificate of Independent Status. I agree that any retificate of Independent Status. I agree that a separate of Independent Status. I agree that a separate of the cord in this application and that any retificate of Independent Status. I agree that we see that one of the cord in this application and that any retificate of Independent Status. I agree that we see that indicate that the Certificate of Independent Status. I agree that the see that indicate that the certificate of Independent Status. I agree that the see that indicate in the certificate of Independent Status. I agree that the certificate of Independent Status.				

DATE SIGNATURE OF WOOD HARVESTER