## 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- <i>F</i>	A M.R.S.A. Secs.	105 and 401, a	a Certifica	ate of Indepe	endent Status.
		WOOL	) HARVES	CTED.	
		VVOOL	TARVES	DIEK.	
	NAME			-	
	ADDDESS NUMBED AND STREET		ID CIDEET	-	
	ADDRESS NUMBER AND STREET		ND STREET		
	-	CITY	STATE	ZIP	-
	TELEPHONE NUMBER			-	
Please	e answer each o	of the following	ng quest	ions accura	itely and completely.
1. (a)	Do you work a	lone?			
	YES	NC	)		
(b)	If the answer appropriate box(es)		a) is NO,	do you work	With (Please check
	Parent_				
	Spouse_				
	Sibling_ Partner		-	ew r (please describe	e)

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?
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