

**Minnesota Department of Labor and Industry
Code Enforcement and Licensing Division
443 Lafayette Road North St. Paul, MN 55155**

Instructions for Completing an Independent Contractor Exemption Certificate Application

These are instructions for filling out the Application for an Independent Contractor Exemption Certificate under Minn. Stat. § 181.723 and Minn. Rules chapter 5202. Retain this instruction sheet for future reference. For further information you may consult the Department of Labor and Industry website at www.dli.mn.gov or call the Department at 651-284-5074 or toll-free at (800) 342-5354. TTD users may call the Department at (651) 297-4198.

Only individuals may apply for an Independent Contractor Exemption Certificate. Domestic or foreign business corporations, public service corporations, development corporations, nonprofit corporations, cooperatives, cooperative associations, limited liability companies, limited partnerships, or partnerships created by statute are not individuals and cannot be issued an Independent Contractor Exemption Certificate. Independent Contractor Exemption Certificates are only issued to individuals providing residential or commercial building construction or improvement services.¹ If you have questions about this you may call the Department at one of the numbers listed above.

Payment

See application for amount due. **Applications received without the appropriate fee cannot be processed.** The payment should be made by check, cashier's check or money order. Make the check out to: **Minnesota Department of Labor and Industry.**

Note: The 2010 legislature extended the renewal period for the ICEC from two years to four years. Anyone who obtained an ICEC before March 1, 2009, will not have to renew until March 1, 2013. All other ICECs are valid for four years from the date of issuance.

1. SSN, Date of Birth, and E-mail Address

Social security number (SSN): A valid SSN is required to complete the application. Date of Birth: Please list your date of birth in the following format: month, day, year. E-mail address: Providing an e-mail address is optional.

2. Federal Employer Identification Number (FEIN)

An FEIN can be obtained on the Internal Revenue Service (IRS) website at: <http://www.irs.gov/businesses/small> and consult the topic "Employer ID Numbers (EIN's)". Or you may call the Business & Specialty tax line at 800-829-4933.

¹ For example, individuals who manufacture, supply, or sell products, materials, or merchandise for the construction of public or private commercial or residential buildings, but do not install, connect, attach, or adjust for use the products, materials, or merchandise, are not performing public or private sector commercial or residential building construction or improvement services. Building construction or improvement services do not include the maintenance or removal of existing plants, shrubs, trees, and other vegetation. Other landscaping services are included only if they are provided as part of a contract for the building construction or improvement services. See, Minn. Rule 5202.0120 and Minn. Stat. § 181.723, subd. 2 (3).

3. Minnesota Tax Identification Number

To find out if you need a Minnesota tax identification number please see the following website: <http://www.taxes.state.mn.us/>. Click on the topic “Business Taxpayers,” then click on “Register for a Minnesota tax ID on line,” and then consult the topic “Do I need a Minnesota tax ID number.” If you do not have employees you may not need a Minnesota tax identification number, but review the above website to be sure.

3a. Unemployment Insurance Tax Identification Number

Under Minnesota unemployment insurance law, every individual or organization that pays covered wages in Minnesota must register with the Minnesota Unemployment Insurance Program, in the Minnesota Department of Employment and Economic Development. If you do not have employees, you may not need an unemployment insurance tax identification number. To determine whether you need an unemployment insurance tax identification number, please see the following website: <http://www.uimn.org/> and consult the topic “New Employer Information.”

4. Full Legal Name

Fill in your full legal name.

5. Home Phone Number

Include your home phone number. If you don't have a land line and do have a cell phone, provide your cell phone number.

6. Home Address

Include your residence mailing address. Post office box numbers will not be accepted.

7. Business or DBA Name

Fill in the business name under which you intend to operate as an independent contractor. If the business name is not your full legal name, you must submit a copy of the Certificate of Assumed Name that has been filed with the Secretary of State. Information about Certificates of Assumed Name can be found on the Minnesota Secretary of State's website at: <http://www.sos.state.mn.us/home/index.asp?page=180> or call that office at (651) 296-2803 or 1-(877) 551-6767.

8. Business Phone

Provide your business phone number. If your business does not have a land line and does have a cell phone, provide that number. You may provide both a land line and a cell phone number.

9. Business Address

Provide your business address, not a post office box. If your business address is the same as your home address state “SAME AS HOME.”

10. Preferred contact address and number

Check the box where you would prefer to have your mail and phone calls received if the Department needs to contact you.

11. Section A

Submit complete and legible copies of documents described in each of the five categories and check the boxes to confirm the documents are being submitted with the application. **Do not submit original documents because they may be destroyed after scanning.** Retain the original information and documentation for at least two years after submitting the application. If the copies submitted are not legible or complete, the Department may request the original of the information and documents submitted.

For purposes of box 4, a “template contract” is a form that contains blanks that are used to fill in the details of an agreement and for dated signatures of the parties to the contract. Once the details are filled in and it is signed and dated, it is a record of the agreement. A proper bid form could meet the requirements of a template contract. Any template contract used, including bid forms, must demonstrate that the independent contractor:

- operates under a contract to perform specific services for specific amounts of money and under which the individual controls the means of performing the services;
- incurs the main expenses² related to the service the individual performs under contract;
- is responsible for the satisfactory completion of services that the individual contracts to perform and is liable for a failure to complete the service;
- receives compensation for service performed under a contract on a commission or per job or competitive bid basis and not on any other basis; and
- may realize a profit or suffer a loss under contracts to perform the service.

For purposes of box 5, a copy of the Certificate of Compliance with Workers’ Compensation Law form is included in the packet with these instructions.

Section B

Submit items from five of the eleven categories listed in this section and check the five boxes to confirm the documents are being submitted with the application. (Five documents from one category will not fulfill the requirements of this section.) The documents submitted must be related to the services you intend to provide as an independent contractor. Some of the documents submitted under this Section may be required under Section C, question 3.

For box 1, provide any of the state and federal tax documents listed on the application that are related to the services you will provide as an independent contractor and that have been filed within the two years before the date of the application.

To satisfy box 11, you must submit documentation of both (a) and (b).

² “Main expenses” are defined as:

- (1) The expense of purchasing, renting and maintaining tools, equipment, facility or office space and vehicles used in providing the service;
- (2) Labor expenses related to the service;
- (3) Business expenses that are related to the service, such as advertising, insurance, taxes, licenses and permits; and
- (4) The expense of materials used in providing the service, except for building construction or improvement materials that under a contract are provided by the building owner or another contractor. Minn. Rules 5202.0100, subd. 8.

Section C

Question 1: Work as an employee

If you have worked as an employee in the past two years, explain why the employment does not prevent the issuance of an independent contractor exemption certificate. (For example, you may no longer be employed or you may have decided to start your own business outside of employment.)

Question 2: Other agency's determination of status

Examples of agencies that issue determinations of independent contractor or employer status include: state workers' compensation departments; offices of administrative hearings; unemployment compensation departments, state tax agencies, and the Internal Revenue Service. If the agency concluded that you were not an independent contractor, explain why that ruling does not affect this application.

Question 3: State or federal income tax filing

Please provide all tax documents filed in the last two years if not already provided under Item 11, Section B. (If you provided all state and/or federal tax documents described in this question in connection with Item 11, Section B, state that in the space provided.)

If you have not filed state and/or federal income tax documents for one or both of the past two years for services you intend to perform as an independent contractor, please explain why in the space provided.

Examples of tax documents that must be submitted under this question, if they have been filed with the Internal Revenue Service, the Minnesota Department of Revenue, or a taxing agency in another jurisdiction, include returns, forms, schedules, and attachments documenting:

- (1) income earned and tax paid and owed, such as Internal Revenue Service tax returns on forms 1040 and 1040 SS, and Minnesota Department of Revenue tax returns on form M1;
- (2) itemized deductions, such as Internal Revenue Service Schedule A;
- (3) income, profit, or loss from a business, such as Internal Revenue Service Schedule C or C-EZ;
- (4) self-employment tax paid or owed, such as Internal Revenue Service Schedule SE;
- (5) federal unemployment tax paid or owed, such as Internal Revenue Service form 940;
- (6) withholdings from wages, such as Internal Revenue Service employer's annual or quarterly tax returns on forms 941 and 944 and the Minnesota Department of Revenue annual withholding return/reconciliation and information returns that show Minnesota withholding tax;
- (7) deduction schedules for depreciation and amortization, such as Internal Revenue Service form 4562;
- (8) the sale of business property, such as Internal Revenue Service form 4797;
- (9) reporting cash payments received in a trade or business, such as Internal Revenue Service form 8300;
- (10) expenses for business use of a home, such as Internal Revenue Service form 8829;
- (11) certificates of exemption of payment of sales tax, such as Minnesota Department of Revenue form ST3; and
- (12) wages or payments made by or received by the applicant as shown on Internal Revenue Service 1099, 1096, W-2, and W-3 forms. The applicant must describe the services performed by or for the applicant for each 1099 or W-2 form issued or received.

Question 4: Credentials/Training

If a license is not required for the services you propose to provide, and you do not have any other credential or any formal training, you may describe other related training or experience in the space provided (but you are not required to do so.)

Question 5: Written contracts

If you have performed services under a contract before the date of this application, submit up to five executed contracts. An executed contract is one that is dated and signed by all the parties. If you did not enter into any contracts before now, you still must submit the template contracts that you would use as described in Section A.

Question 6: Citizenship

If you are not a U.S. citizen, submit copies of documentation of authorization to work in the United States.

Nine-Factor Qualification and Sworn Statement

This must be signed and sworn to before a notarial officer. Typically this will be a notary public.

Exemption Certificate Services

Check the box next to each service that you intend to provide under the Independent Contractor Exemption Certificate. You may check more than one.

Submission of Application

Submit the payment and application to the Department in one of the following ways:

- Mail your check or money order, the completed application, and copies of all supporting documents to:

Minnesota Department of Labor and Industry
Financial Services/Independent Contractor
PO Box 64225
St. Paul, MN 55164-0225

Hand deliver your check or money order, the application and the supporting documents to the Department of Labor and Industry at the address at the top of these instructions.

This material can be made available in alternative formats. To make a request, call 1-800-342-5354 (DIAL-DLI) or TTD (651) 297-4198

Independent Contractor Exemption Certificate Application



DO NOT USE THIS SPACE

E-mail: dli.ic@state.mn.us
 Website: www.dli.mn.gov/ic

PRINT IN BLUE OR BLACK INK or TYPE

Unreadable or illegible applications may be denied.

APPLICATION FEES ARE NONREFUNDABLE

NOTE: Do not submit this application on behalf of an LLC, partnership or corporation.

THIS APPLICATION IS FOR: <input type="checkbox"/> Check here if you are only applying for an Independent Contractor Exemption Certificate for a fee of \$165. <hr/> If you are applying for both an Independent Contractor Exemption Certificate and a Residential Building Contractor or Remodeler License, the combined fee with Recovery Fund Contribution is: <input type="checkbox"/> Less than \$1 million Total Fees is \$745 <input type="checkbox"/> \$1 million to \$5 million Total Fees is \$845 <input type="checkbox"/> More than \$5 million Total Fees is \$945 (you must complete both applications)	Make check or money order payable to: Minnesota Department of Labor and Industry CASH IS NOT ACCEPTED BY MAIL OR WALK-IN. <hr/> DO NOT STAPLE CHECK TO APPLICATION OR PAPERWORK <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Write your check number</td> <td style="width: 50%;">Amount paid</td> </tr> </table>	Write your check number	Amount paid	For DLI Use Only Application Number <hr/> Date <hr/> RSRC <p style="text-align: center;">4150 – IC 4091 – RBC 4101 – Recovery Fund</p>
Write your check number	Amount paid			
License Fee Surcharge – The 2009 Minnesota Legislature assessed a \$5 or 10% surcharge, whichever is greater, on licenses to cover costs of building the Statewide Electronic Licensing System. The license fee includes this surcharge.				

1. SOCIAL SECURITY NUMBER	DATE OF BIRTH	E-MAIL ADDRESS
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2. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

3. MN TAX IDENTIFICATION NUMBER	3a. UNEMPLOYMENT INSURANCE TAX ID NUMBER
<input type="checkbox"/> Not required, no employees	<input type="checkbox"/> Not required, no employees

4. APPLICANT FULL LEGAL NAME (first, middle, last)	5. HOME PHONE NUMBER (include area code)
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6. APPLICANT HOME ADDRESS	CITY	STATE	ZIP CODE
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NOTE: If your business or d/b/a name does not include your full legal first and last name you must attach a copy of a Certificate of Assumed Name date-stamped by the Minnesota Secretary of State. (651-296-2803, 1-877-551-6767, or www.sos.state.mn.us.)

7. BUSINESS OR DBA (doing business as) NAME	8. BUSINESS PHONE (include area code)
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9. APPLICANT BUSINESS ADDRESS	CITY	STATE	ZIP CODE
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10. For purposes of serving legal documents or if DLI has questions about this application use:
 my business address and phone number or my home address and phone number

11. Section A

You must provide all supporting documentation described in Section A. Please check each box appropriately to help identify what documentation is included with your application.

- Documentation of ownership or control of facility space used in performing the services for which you are seeking the exemption certificate. Examples include rental or lease agreements (other than a post office box) or tax documents showing expenses for business use of home (such as IRS form 8829).
- Documentation of ownership or control of equipment, tools, materials, or vehicles necessary to perform the services for which you are seeking the exemption certificate. Examples include contracts, rental or lease agreements, deeds and receipts or tax documents showing such ownership or control such as Internal Revenue Service Schedule A or form 4562.
- A color photocopy of a current photo identification document issued to the applicant by the United States or a state or territory of the United States, such as a state-issued driver's license, state ID, or a U.S. passport.
- Template of the contracts you intend to use to provide the services as an independent contractor under an exemption certificate.
- Complete and sign the *Certificate of Compliance with Minnesota Workers' Compensation Law* form; available at www.dli.mn.gov/ccldforms.

11. Section B

You must submit documentation for five of the items listed below. Please check the five boxes that identify what documentation is attached.

- State or federal tax forms and schedules that show income earned and tax paid and owed. Submit IRS tax returns on forms 1040 or 1040 SS, Minnesota Department of Revenue tax returns on form MI **along with corresponding business- related schedules and forms**. Examples of business-related schedules and forms include: income profit or loss from a business (such as IRS Schedule C or C-EZ); self-employment tax paid or owed (such as IRS Schedule SE); the sale of business property (such as IRS form 4794); reporting cash payments received in a trade or business (such as IRS form 8300); certificate of exemption of payment of sales tax (such as Minnesota Department of Revenue form ST 3); and IRS 1099 forms.
Note: Question 11, section C box 3 below requires you to submit tax documents related to your business if you have filed any in the previous two years. Those submissions may also be used to satisfy this item.
- A commercial liability insurance policy or bond covering you or your business, office equipment and materials.
- A workers' compensation policy covering the applicant.
- Business or building permits held or applied for.
- Bills or invoices from and payments made to vendors, suppliers, subcontractors, or other persons.
- Contracts with vendors, suppliers, subcontractors, or other persons.
- Bank statements and accounting statements showing receipts, expenditures, and profit or loss for your business.
- Trade or professional memberships or affiliations.
- Marketing or advertising materials.
- Documentation that you paid other independent contractors as shown on IRS form 1099 and 1096.
- Documentation of:
(a) workers' compensation or unemployment insurance coverage for your employees; and
(b) payment or withholding of wages for your employees as shown on IRS W-3 forms, IRS forms 941 and 944 Minnesota Department of Revenue annual withholding/reconciliation and information returns
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11. Section C

Please check the appropriate "Yes" or "No" response and complete the explanations if necessary. Attach additional sheets, if necessary.

- Yes No In the two years before the date of this application, have you received wages from an employer that were reported on a W2?
If your answer is "Yes," explain why your employment does not preclude the issuance of an Independent Contractor Exemption Certificate.

- Yes No Has a government agency or court issued an audit, letter, report, order, determination, certificate, opinion or ruling that is related to your status as an independent contractor, sole proprietor, employer or employee?
If your answer is "Yes," explain why (a) the audit, letter, report, order, determination, certificate, opinion or ruling by any state or federal court or agency supports one or more of the nine factors on page 4 of this application, or (b) why the application should be granted despite the document's findings.

Yes No In the two years before the date of this application, have you filed state and/or federal tax documents related to the business you intend to operate under this independent contractor exemption certificate?
If your answer is "Yes" submit copies of all business-related tax forms and schedules filed in the previous two years. (These documents may also be used to satisfy question 11, section B, box 1.)

If your answer is "No," explain why you have not filed business-related state and/or federal tax documents in the previous two years.

Yes No Do you hold a credential or have you completed training that is required to perform the services or is related to the performance of the services for which you are seeking an exemption certificate? Credentials may include: a business, professional or personal license issued by a government entity, a certificate of completion of an apprenticeship, trade school, or manufacturers training program, a degree issued by an accredited educational institution.

If the credential you hold is a license issued by the State of Minnesota, you do not need to provide a copy of the license. Instead, write the license number next to the appropriate license type on page 5 of this application. If the license type is not listed on page five, write the license type and number here:

License type: _____ **License number:** _____

Provide a copy of all other credentials or documentation of completed training.

If you do not hold a license or other credential, or if you have not completed formal training related to the service for which you are seeking an exemption certificate, you may describe any other related training or experience here:

Yes No Have you entered into written contracts to provide services as an independent contractor before the date of this application?
If "Yes," submit copies of up to five of the executed contracts.

Yes No Are you a U.S. citizen?
If your answer is "No," provide verification of authorization to work in the United States.

Nine-Factor Qualification and Sworn Statement

I, _____, being first duly sworn, state all of the following:

1. I meet all of the following conditions:

- (i) maintains a separate business with the individual's own office, equipment, materials, and other facilities;
- (ii) holds or has applied for a federal employer identification number or has filed business or self-employment income tax returns with the Federal Internal Revenue Service if the person has performed services in the previous year for which the individual is seeking the independent contractor exemption certificate;
- (iii) operates under contracts to perform specific services for specific amounts of money and under which the individual controls the means of performing the services;
- (iv) incurs the main expenses related to the service that the individual performs under contract;
- (v) is responsible for the satisfactory completion of services that the individual contracts to perform and is liable for a failure to complete the service;
- (vi) receives compensation for services performed under a contract on a commission or per-job or compensation bid basis and not on any other basis;
- (vii) may realize a profit or suffer a loss under contracts to perform services;
- (viii) has continuing or recurring business liabilities or obligations; and
- (ix) the success or failure of the individual's business depends on the relationship of business receipt to expenditures.

2. I am a United States citizen or am authorized to work in the United States under federal immigration law;

3. I have complied with and will continue to comply with federal immigration law in hiring any employees.

4. The information provided in this application and all information and documents submitted in support of this application, at any time, are true and correct at the time submitted.

5. I authorize the Department of Labor and Industry (DLI) to verify with third parties that the information and documentation I am submitting with this application is accurate and complete. Further, I authorize those third parties to release information about me that they may have to DLI to the extent necessary for DLI to verify this application. Further, I authorize the Minnesota Department of Revenue to release tax information about me that it may have to DLI to the extent necessary for DLI to verify the tax information I will submit with this application.

Signature of Applicant (must be signed before a Notary Officer)

Date Signed

Subscribed and sworn to before me

this _____ day of _____

Notary Public _____

My Commission expires _____

Notary Stamp

Exemption Certificate Services

You **MUST** indicate any and all services you will provide under the Independent Contractor Exemption Certificate. Include the license number where applicable.

<input type="checkbox"/> 23834 ACOUSTIC CEILING TILE <input type="checkbox"/> 23813 CARPENTRY (framing, windows and doors) <input type="checkbox"/> 23831 DRYWALL AND INSULATION <input type="checkbox"/> 23821 ELECTRICAL WIRING Include license # _____ <input type="checkbox"/> 23891 EXCAVATION AND SITE PREPARATION <input type="checkbox"/> 23817 EXTERIOR FINISHING <input type="checkbox"/> 23835 FINISH AND INTERIOR CARPENTRY <input type="checkbox"/> 23829 FIRE SPRINKLER INSTALLATION Include license # _____ <input type="checkbox"/> 23833 FLOOR COVERING AND TILE <input type="checkbox"/> 237110 GEOTHERMAL INSTALLATION SYSTEMS Include license # _____ <input type="checkbox"/> 23815 GLASS AND GLAZING <input type="checkbox"/> 23712 HIGH PRESSURE PIPING Include license # _____	<input type="checkbox"/> 333414 HVAC <input type="checkbox"/> 561730 LANDSCAPING SERVICES <input type="checkbox"/> 23814 MASONRY AND CONCRETE <input type="checkbox"/> 23713 POWER AND COMMUNICATION-RELATED STRUCTURES Include license # _____ <input type="checkbox"/> 23832 PAINTING AND WALL COVERING AND WINDOW TREATMENT INSTALLATION <input type="checkbox"/> 23822 PLUMBING Include license # _____ <input type="checkbox"/> 562910 REMEDIATION SERVICES (including lead and asbestos abatement) Include license # _____ <input type="checkbox"/> 23816 ROOFING <input type="checkbox"/> 238910 SEPTIC SYSTEM INSTALLATION Include license # _____ <input type="checkbox"/> 23812 STRUCTURAL STEEL (including welding) <input type="checkbox"/> 213111 WELL DRILLING
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NOTICE: Private or confidential data you provide on this application form, and that you may provide in response to written or verbal communications from the Department of Labor and Industry (department) because you file this form, will be used by the department to determine whether to grant or deny your application for an independent contractor exemption certificate. The data you provide may also be used by the department to enforce other laws under the department's jurisdiction, including construction code and licensing laws, workers' compensation laws, labor standards laws, and occupational safety and health laws. In addition the data may be provided to: the federal government as part of the Systemic Alien Verification for Entitlements Program or the E-verify program; the office of administrative hearings or a court; the department of revenue and the department of employment and economic development; other government entities authorized by law to receive the data; and anyone authorized to receive the data by your authorization or by court order. You may decline to supply the data requested, but if you refuse your application may be delayed or denied.

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155
Phone: (651) 284-5034
Fax: (651) 284-5743
www.dli.mn.gov
dli.license@state.mn.us

Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED BY ALL
BUSINESS TYPES**

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE
COUNTY	E-MAIL ADDRESS		

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE
FOLLOWING INFORMATION. You must complete number 1 or 2 below.**

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)

POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

LIC 04 (12/09)