



State of Maine Workers' Compensation Board Independent Contractor Statement

Pursuant to 39-A M.R.S.A. § 105, I _____,
Name

_____ of _____,
Business Name City/Town

_____, state that I perform work as an independent contractor and/or construction subcontractor.
State

I understand that filing this statement creates a rebuttable presumption that I am an independent contractor and/or construction subcontractor and that:

- This statement is only valid if I perform work consistent with the definition of independent contractor and/or construction subcontractor in the Workers' Compensation Act;
- I can still file a claim with the Workers' Compensation Board if I am injured;
- This statement is valid for one year from the date it is received by the Workers' Compensation Board;
- This statement is not binding on the Department of Labor. The Department of Labor will not accept this form as evidence an individual is an independent contractor;
- Information from this form will be posted on the Workers' Compensation Board's website.
- All printed information must be legible or the form will not be accepted for filing.
- Questions/inquiries regarding this statement must be sent to ICS.WCB@maine.gov.

Signature

Date

Printed Name

THIS FORM IS ALSO AVAILABLE FOR ONLINE SUBMISSION AT:
<https://www.maine.gov/wcb/Departments/coverage/independentcontractor.html>