Declaration of Self-Employment

PLEASE COMPLETE THIS FORM AND RETURN TO ADDRESS BELOW

NOTE: **This form is not an application for coverage.**
An "Application for Optional Coverage" form must be completed, returned and approved.

Last Name	First name		
Mailing Address	Community	Province/Territory	Postal Code
Phone Number	Fax Number		
Business Name	Email Address		
Brief Description of Business Operations/Activities			

I do hereby state **ALL** of the following:

I am self-employed without workers (casual, contract or payroll workers).

I understand that if I do hire any of the above type of workers, I should immediately notify the Workers' Safety and Compensation Commission. If I do not, I could be held responsible for any costs incurred as a result of an accident occurring to one of these workers.

I do not wish to apply for compensation coverage in accordance with the provisions of the Nunavut Workers' Compensation Acts.

I further understand that I may be considered a worker of any person and/or company that I perform any work for and/or service to.

I am contracted to ______________________________
(Contractor's name where applicable)

Signed at ______________________________
(City/Town/Hamlet) in the Province/Territory

this ____________________ day of ____________________ Year __________

______________________________ ______________________________
Witness' signature Applicant's signature

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596 • Toll Free Fax: 1-866-277-3677
or
❑ Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8501 • Toll Free Fax: 1-866-979-8501

www.wscc.nt.ca • www.wscc.nu.ca

Ce formulaire est disponible en français.
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