

Licensing
Agency
Stamp
Required

WORKERS' COMPENSATION COMMISSION

APPLICATION FOR CERTIFICATE OF COMPLIANCE



INSTRUCTIONS: Please review the instructions on page 2 completely prior to completing this application. Complete in Adobe Reader, type or print legibly.

Name of Business: _____

Business Address (P.O. Box is not acceptable): _____

City _____ State _____ Zip Code _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Telephone: _____

Federal Employer Identification Number
or Social Security Number(s)

Name of Owner(s) or Member(s):

I, _____, _____ of the above-named business hereby
(Name of Authorized Representative) (Title/Company Position)

affirm under the penalties of perjury that workers' compensation is not required pursuant to Labor and Employment Article: (Select the appropriate reason with a check in the adjacent box. Do not modify or qualify the stated reason.)

- a. §9-206(b)(1) (Close Corporation)
— Attach Exclusion Form IC-16
- b. §9-206(b)(2) (General Corporation)
— Attach Exclusion Form IC-16
- c. §9-206(b)(3) (Farm Corporation)
— Attach Exclusion Form IC-16
- d. §9-206(b)(4) (Professional Corporation)
— Attach Exclusion Form IC-16
- e. §9-206(b)(5) (Limited Liability Company)
— Attach Exclusion Form IC-16

Signature _____

Date _____

COMMISSION ACTION

The application for Certificate of Compliance is: ____ APPROVED ____ DISAPPROVED

Authorized Signature _____
Workers' Compensation Commission

Date _____

10 East Baltimore Street - Baltimore, Maryland 21202-1641
410-864-5100 - Email: info@wcc.state.md.us - Web: <http://www.wcc.state.md.us>

CERTIFICATE OF COMPLIANCE
Application Instructions

NOTE:

Md. Code Ann., Lab. & Empl. §9-201 requires an employer with one or more employees to carry workers' compensation insurance.

The purpose of this Certificate of Compliance is to identify those employers that are not required to carry workers' compensation insurance coverage and to enable that employer to apply for, and obtain, a license or permit from a government agency that requires proof of workers' compensation insurance coverage. **A Certificate of Compliance is not workers' compensation insurance and is not binding on the Workers' Compensation Commission under any circumstances.**

Before a governmental unit may issue a license or permit to an employer to engage in an activity in which the employer might employ a covered employee, the employer shall submit to the governmental unit:

- (1) a certificate of compliance with this title; or
- (2) the number of a workers' compensation insurance policy or binder.

If an employer is not covered by a workers' compensation insurance policy, an application to secure a Certificate of Compliance must be submitted to the Worker's Compensation Commission pursuant to Labor & Employment Article §9-105.

Eligibility:

An employer may secure a Certificate of Compliance in the name of the employer, only if the employer is an entity set forth in Labor and Employment Article, §9-206(b)(1) – (b)(5) with no covered employees other than Corporate officers or limited liability company members who have elected to be exempt from workers' compensation coverage.

Sole Proprietors, Partners and Individuals who are owner/operators of a Class F Vehicle, and are not employers, are not required to file an application for a Certificate of Compliance.

Mail Application to: **Workers' Compensation Commission**
Attention: IC&R Division
10 East Baltimore Street
Baltimore, Maryland 21202-1641

Facsimile Applications ARE NOT accepted. Do not photocopy or electronically reproduce. Required signatures must be original.

An applicant who receives notice of disapproval may: (1) reapply for a certificate of compliance or (2) appeal the rejection in accordance with § 10-222 and § 10-223 of the State Government Article.