



Name		SSN	Business Federal ID#
Business Name as Registered in North Dakota			
Type of Ownership			
<input type="checkbox"/> Individual		<input type="checkbox"/> Partnership	
<input type="checkbox"/> Limited Liability Partnership (LLP)		<input type="checkbox"/> Limited Liability Corporation (LLC)	
		<input type="checkbox"/> Corporation	
		<input type="checkbox"/> Other: _____	
Address			
Business Address		Business Phone	
City		State	Zip Code
Type of Work Performed			
Please list all officer(s), partner(s), and owner(s) of the business			
Full Name (including middle initial)	Title	Date of Birth	Social Security Number
Check all that apply			
<input type="checkbox"/> My organization currently does not employ any workers as defined under NDCC 65-01-05 (16) and has not employed workers since _____. It is understood that if my business does employ any worker(s) in the future, I will comply with North Dakota law and obtain workers' compensation insurance coverage prior to employing workers.			
<input type="checkbox"/> I have NEVER employed or hired workers in North Dakota.			
Acknowledgement			
I understand it is unlawful for me to employ workers without securing workers' compensation insurance coverage <i>prior</i> to hiring. I understand that failure to comply with the requirements of the North Dakota Workers' Compensation act (NDCC 65-04-33) may subject me to criminal, injunctive, and monetary penalties.			
I certify that the provided information is true and correct to the best of my knowledge. I further certify if any of the representations I have made to WSI change, I am obligated to contact WSI with accurate and current information.			
Dated this _____ day of __, _____.			
_____		_____	
(Signature)		(Title)	