



STATEMENT OF COMPLIANCE WITH WORKERS' COMPENSATION ACT

Maryland Health-General Code Annotated Section § 1-202 requires that before any license or permit may be issued to an employer, the employer shall file with the issuing authority the workers' compensation insurance policy or binder number or provide a Certificate of Compliance obtained from the Maryland Workers' Compensation Commission (WCC). Employers that are not required to, and do not carry workers' compensation insurance, must submit an [Application for Certificate of Compliance](#) to the WCC. Upon receipt of the application, a Certificate of Compliance or a letter of exemption will be issued by the WCC. Please contact the WCC for more information at (410) 864-5297, Monday through Friday, from 8:00 a.m. to 4:30 p.m.

Circle the number of the option below which applies to the business or person for which a license or permit is sought, provide the requested information, sign and date this form, and return it with your application.

1. I have workers' compensation insurance for my covered employees.

Name of Insurance Company _____
Policy or Binder Number _____

2. I am a member of a limited liability company or an officer of a corporation and I have no covered employees. (Attach a copy of the **CERTIFICATE OF COMPLIANCE** from the Workers' Compensation Commission.)

3. I am self-insured. Approval of self-insurance has been received from the Workers' Compensation Commission. (Attach a copy of the **CERTIFICATE OF COMPLIANCE** from the Workers' Compensation Commission.)

4. I am a sole proprietor or a partner in a business and have no covered employees. (Attach a copy of the **LETTER OF EXEMPTION** from the Workers' Compensation Commission)

Type of License (Please check):

- ☐ Permanent Food Service Facility ☐ Mobile Food Service Facility ☐ Mobile Reciprocity Food Service Facility
☐ Temporary Food Service Facility ☐ Campground ☐ Mobile Home Park ☐ Public Pools and Spas
☐ Exotic Bird Facility

I solemnly affirm under the penalties of perjury that the information provided on this form is true.

Printed Name of Applicant

Applicant's Title in the Business

Street Address of Business

City, State and ZIP Code of Business

Signature of Applicant

Date of Signing