



# Declaration of Self Employment

Please complete in detail, sign, have your signature(s) witnessed and return to:  
Revenue Services Division, Workers' Compensation Board

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

I/We   
(Name(s) of applicant(s))

of     
(Street or P.O. Box) (City or town) (Province or Territory)

(Postal Code)

(Phone number)

(Fax number)

Business Name

Brief Description of Business Operations/Activities

I/we 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' Compensation Board. 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 NWT or 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/We am/are contracted to

(Contractor's name where applicable)

Signed at  in the Northwest Territories/Nunavut  
(City or town)

this  day of  Year

(Witness' signature)

(Applicant's signature)

(Witness' signature)

(Applicant's signature)