

Application for Determination of Status as an Employee or a Self-Employed Worker

This form is for use by persons who wish to obtain a decision under section 65 of the *Act respecting the Québec Pension Plan*, as to whether they must make a contribution as an employee or as an employer for a given year.

The terms «principal» and «worker» used in this form mean respectively the employer and the employee, if such is their status.

An application made by the principal may cover a number of workers in the same occupation category, i.e., doing the same kind of work under the same conditions. **In this case, attach a list of the workers concerned and provide the name, address, social insurance number and telephone number of each worker.**

If the workers are not in the same occupation category, complete a separate application for each category.

The *Act respecting the Québec Pension Plan* provides that the worker be notified of an application made by the principal and that the principal be advised of an application made by the worker.

If the *Act respecting the Québec Pension Plan* does not oblige the employer to make deductions from the employee's remuneration and the Ministère du Revenu has notified the employer in writing of this, enclose with the application a copy of the letter of notification.

Complete form RR-65A-V, *Questionnaire to Determine the Status of an Employee or a Self-Employed Worker*, and enclose it with this application.

An application for determination of status will be accepted only in cases of disagreement between the principal and the worker concerning the worker's status.

Applications must be sent, by registered or certified mail, on or before April 30 of the year following the calendar year covered by the application. Please address applications to the Deputy Minister of Revenue of Québec, 3800, rue de Marly, Québec (Québec) G1X 4A5.

Calendar year covered by the application: _____

Identification

Name of principal	Identification number
Address in full	
Postal code	Area code Telephone
_ _ _ _	_ _ _ _

Legal last name and first name of worker	Social insurance number
Address in full	
Postal code	Area code Telephone
_ _ _ _	_ _ _ _

General information

This application is being made by: the principal the worker

Is there disagreement between the principal and the worker concerning the worker's status? Yes No

State all facts relevant to the application (attach an additional sheet if space is insufficient).

Certification

I certify that the information given on this form and in any attached documents is accurate and complete.

Applicant's name

Signature

Date

Title or position