

**PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA
WORKERS' COMPENSATION DECLARATION FORM**

Carrier Name

YOUR FILE NUMBER
PSG _____
or
MTR _____

When you fill out this form, remember that the term "employee" includes clerical persons as well as drivers and any other persons employed in your carrier operations.

If your business is an OUT OF STATE CORPORATION, please note that you are not subject to the workers' compensation laws of California unless you have employees who reside in California. If you have employees who reside in California, check "B" below; if not check "A".

If you employ persons in your carrier operations in any manner that makes you subject to the workers' compensation laws of California, you must promptly file with the Commission a certificate of workers' compensation insurance coverage or a certificate of consent to self-insure issued by the Director of Industrial Relations.

Check one of the following (read both before choosing):

- A. I DO NOT HAVE ANY EMPLOYEES. If I hire employees in the future, I will submit an amended Workers' compensation Declaration Form to the Commission and contact my insurance company at once and have the required certificate of coverage mailed to the Commission. **NOTE TO HOUSEHOLD GOODS APPLICANTS: If you check this box, you must attach a written explanation of how you will conduct operations without employees.**

- B. I DO have employees. (This box also applies to applicants for a permit or certificate who do not now have employees, but will employ workers upon commencement of operations.) I will contact my insurance company and have the required certificate of coverage mailed to the Commission. I understand that the Commission will not issue or reinstate a permit or certificate until it receives my certificate of coverage.

CERTIFICATION

I (we) certify (or declare), under penalty of perjury, that I (we) have read and understand the above requirement regarding workers' compensation and that I (we) am (are) able to and will comply with it. I (we) certify (or declare), under penalty of perjury, that the foregoing is true and correct.

Date: _____

Print Name of Applicant/Officer

Signature of Applicant(s)

Signature of Corporate Officer

Title of Corporate Officer