

Section D: Workers' Compensation and Disability Insurance (All Applicants must complete this section.)

Check the appropriate lines and submit copies of the following documentation with this application to document compliance with the Workers' Compensation Law.

A. Workers Compensation and Disability Insurance Coverage **PROVIDED**

Workers Compensation

- Form C-105.2: Certificate of Workers' Compensation Insurance **OR**
- Form U-26.3: Certificate of Workers' Compensation Insurance **OR**
- Form SI-12: Certificate of Workers' Compensation Self-Insurance **OR**
- Form C-105.2: Certificate of Participation in Workers' Compensation Group Self-Insurance

AND

Disability Insurance

- Form DB-120.1: Certificate of Disability Benefits **OR**
- Form DB-155: Certificate of Disability Benefits Self-Insurance

B. Workers Compensation and Disability Insurance Coverage **NOT PROVIDED**

- Form CE-200: Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage

Section E: Signature (Entire Section Must Be Completed By All Applicants.)

FALSE STATEMENTS MADE ON THIS APPLICATION ARE PUNISHABLE UNDER THE PENAL LAW.

Failure to sign this form may delay issuance of your permit to operate. Operation without a valid permit is a violation of the State Sanitary Code.

Signature of Individual Operator or Authorized Official: _____

Print Name of Person Signing: _____ Title: _____ Date: ____/____/____

Section F: FOR OFFICIAL USE ONLY.

Date Environmental Health Fee Received: _____ / _____ / _____

Date Copy of Workers' Compensation Documentation Received: _____ / _____ / _____

Permit Issuance Recommended: YES NO

Conditions of Approval (if any): _____

Signature: _____ Title: _____ Date: ____/____/____

Date Operating Permit Sent: _____ / _____ / _____
