Department of Labor and Industries Employer Services PO Box 44140 Olympia WA 98504-4140



CONSTRUCTION CONTRACTORS' APPLICATION FOR WORKERS' COMPENSATION ACCOUNT WITH NO WORKERS OR HOURS

No Hours Report Form

Use this form only when a construction contractor requires an active workers' compensation account but will not be hiring any workers. The contractor must submit a quarterly report with zero hours to the department.

As the contractor, you must have a current Unified Business Identifier (UBI) number. If you do not have a UBI number, please submit a Business License Application by requesting one from us, or online at <u>http://bls.dor.wa.gov/</u>

Please complete the information below and send this form to:

Department of Labor and Industries Employer Services PO Box 44140 Olympia WA 98504-4140

Business Information

Owner's Name:		Unified Business Identifier (UBI):	
Business Name:			
Business Address:			
City	State	ZIP	Business Phone Number
City	State	ZIP	Business Phone Number

Physical Location

Physical Address			
City	State	ZIP	Business Phone Number
Nature of Business:			

I certify I do not have and I do not plan to have employees. If at any time in the future I decide to hire employees, I will notify the department in writing. I also agree to regularly submit a quarterly report to the department showing no hours/units worked. The report will be submitted on or before the due date of each quarter.

Date	Title	Signature