



**INDEPENDENT CONTRACTOR VERIFICATION APPLICATION**  
 NORTH DAKOTA DEPARTMENT OF LABOR AND HUMAN RIGHTS  
 SFN 58394 (1-2025)

600 E Boulevard Ave Dept 406  
 Bismarck ND 58505-0340  
 701-328-2660 Fax 701-328-2031  
 ND Toll-Free 1-800-582-8032  
 TTY: 1-800-366-6888  
[www.nd.gov/labor](http://www.nd.gov/labor)

Name of Worker		Telephone Number		Alternate Telephone Number	
Address		City		State	ZIP Code
Email Address					
Consent to Receiving Correspondence Exclusively at this Email Address <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Firm (or Person) for Whom the Worker Performs Services		Firm's Tax ID Number		Telephone Number	
Address		City		State	ZIP Code
Email Address					
Consent to Receiving Correspondence Exclusively at this Email Address <input type="checkbox"/> Yes <input type="checkbox"/> No					

**1.**

a. Describe the firm's business.

b. Describe the work done by the worker.

**2. If the work is done under a written agreement between the firm and worker, submit a copy.**

a. If the agreement is not in writing, describe the terms and conditions of the work arrangement.

b. If the actual working arrangement differs in any way from the agreement, explain the differences and why they occur.

**3.**

a. Is the worker trained by the firm?  Yes  No      If yes, how often?

If yes, what kind of training is provided?

b. Is the worker given instructions on how to complete the work?  Yes  No

If yes, list specific examples.

**c. Attach samples of any written instructions or procedures.**

d. Does the firm have the right to change the methods used by the worker or direct the worker on how to do the work?  Yes  No

If yes, explain.

e. Does the operation of the firm's business require that the worker be supervised or controlled in the performance of the service?  Yes  No

If yes, explain.

**4.**

a. The firm has the worker:	
<input type="checkbox"/> Perform and complete a particular job only <input type="checkbox"/> Work for an indefinite period of time <input type="checkbox"/> Other (Explain): _____	
b. Does the worker report to the firm or its representatives? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list how often?
For what purpose?	
In what manner? <input type="checkbox"/> In Person <input type="checkbox"/> In Writing <input type="checkbox"/> By Telephone <input type="checkbox"/> Other (Explain):	
Attach copies of any report forms used in reporting to the firm.	
c. Does the worker furnish a time record to the firm? <input type="checkbox"/> Yes - Attach copies of time records <input type="checkbox"/> No	

**5.**

a. State the type and value of tools and equipment furnished by the firm	
State the type and value of tools and equipment furnished by the worker	
b. State the type and value of supplies and materials furnished by the firm	
State the type and value of supplies and materials furnished by the worker	
c. What expenses are incurred by the worker in the performance of services for the firm?	
Does the firm reimburse the worker for any expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify the reimbursed expenses:

**6.**

a. Will the worker perform the services personally? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Can the worker have helpers? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who hires the helpers? <input type="checkbox"/> Firm <input type="checkbox"/> Worker	If hired by the worker, is the firm's approval necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who pays the helpers? <input type="checkbox"/> Firm <input type="checkbox"/> Worker	Are social security taxes and Federal income tax withheld from the helpers' wages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, who reports and pays these taxes? <input type="checkbox"/> Firm <input type="checkbox"/> Worker	Who reports the helpers' incomes to the Internal Revenue Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If the worker pays the helpers, does the firm repay the worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the worker have any helpers presently? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What services do the helpers perform?			

**7.**

At what location are the services performed? <input type="checkbox"/> Firm <input type="checkbox"/> Worker <input type="checkbox"/> Other (specify):
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**8.**

a. Type of pay worker receives: <input type="checkbox"/> Salary <input type="checkbox"/> Commission <input type="checkbox"/> Hourly Wage <input type="checkbox"/> Piecework <input type="checkbox"/> Lump Sum <input type="checkbox"/> Other (specify): _____	
b. Does the firm guarantee a minimum amount of pay to the worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Does the firm allow the worker a drawing account or advances against pay? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the worker paid such advances on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	d. How does the worker repay such advances?

**9.**

a. Is the worker eligible for any benefits such as annual/sick leave, retirement, insurance, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify:
b. Does the firm carry workers compensation insurance on the worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	c. Does the firm deduct social security tax from amounts paid the worker? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Does the firm deduct Federal income taxes from amounts paid the worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. How does the firm report the worker's income to the Internal Revenue Service? <input type="checkbox"/> Form W-2 <input type="checkbox"/> Form 1099 <input type="checkbox"/> Does Not Report <input type="checkbox"/> Other (specify): _____	
f. Does the firm bond the worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**10.**

a. Is the worker required to work a certain number of hours per day? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	When?
b. Is the worker required to follow a routine or schedule established by the firm? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is the routine or schedule?		
c. Does the worker perform similar services for others? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are these services performed on a daily basis for other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Percent of time spent in performing these services for this firm:	Percent of time spent in performing these services for other firms:	
Does the firm have priority on the worker's time? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain.	
d. Is the worker prohibited from competing with the firm either while performing services or during any later period? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain.		

**11.**

a. Can the firm discharge the worker any time without incurring a liability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain.
b. Can the worker terminate the services at any time without incurring a liability? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, explain.

**12.**

a. Does the worker perform services for the firm under: <input type="checkbox"/> The Firm's Business Name <input type="checkbox"/> The Worker's Business Name <input type="checkbox"/> Other (specify): _____	
State Business Name	
b. Does the worker advertise or maintain a business listing in the telephone directory, in a trade journal, on the internet, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, specify.	
c. Does the worker represent himself or herself to the public as being in business to perform the same or similar services? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, specify.	
d. Does the worker have his or her own shop or office? <input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, where?
e. Does the firm represent the worker as an employee of the firm to its customers? <input type="checkbox"/> Yes <input type="checkbox"/> No	f. How did the firm learn of the worker's services?

**13.**

Is a license necessary for the kind of work performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type of license is required?
By whom is the license issued?	By whom is the license fee paid?

**14.**

Does the worker have a financial investment in a business (i.e. tools, vehicles, building, employees, etc.), related to the services the worker performs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify and provide amounts of the investment	

**15.**

Can the worker incur a loss in the performance of the service for the firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how?

**16.**

During the past 5 years, has any other government agency ruled on the employee/independent contractor status of any of the firm's workers? <input type="checkbox"/> Yes - explain the circumstances and findings. Also, attach a copy of the ruling, if available. <input type="checkbox"/> No
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**17.**

Does the worker assemble or process a product at home or away from the firm's place of business? <input type="checkbox"/> Yes - answer a, b, and c below: <input type="checkbox"/> No	
a. Who furnishes materials or goods used by the worker? <input type="checkbox"/> Firm <input type="checkbox"/> Worker	b. Is the worker furnished a pattern or given instructions to follow in making the product? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Is the worker required to return the furnished product to the firm or to someone designated by the firm?	

**18.**

Does the worker perform sales? <input type="checkbox"/> Yes - answer remaining questions: <input type="checkbox"/> No	
a. Are leads to prospective customers furnished by the firm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Is the worker required to pursue or report on leads? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Is the worker required to adhere to prices, terms, and conditions of the sale established by the firm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Are orders submitted to and subject to approval by the firm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Is the worker expected to attend sales meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is the worker subject to any kind of penalty for failing to attend? <input type="checkbox"/> Yes <input type="checkbox"/> No
f. Does the firm assign a specific territory to the worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Whom does the customer pay? <input type="checkbox"/> Firm <input type="checkbox"/> Worker	If worker, does the worker remit the total amount to the firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
h. Does the worker sell a consumer product in a home or establishment other than a permanent retail establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
i. List the products and/or services distributed by the worker. If more than one type of product and/or service is distributed, specify the principal one.	

**18. (continued)**

j. Did the worker pay the firm or person for the privilege of serving customers on the route or in the territory? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much did the worker pay?
What factors were considered in determining the value of the route or territory?
k. How are new customers obtained by the worker? Explain fully, showing whether the new customers called the firm for service, were solicited by the worker, or both.
l. Does the worker sell life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
m. Is the worker a traveling salesperson or city salesperson? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify from whom the worker principally solicits orders on behalf of the firm?
If the worker solicits orders from wholesalers, retailers, contractors, or operators of hotels, restaurants, or other similar establishments, specify the percentage of the worker's time spent in such solicitation
n. Merchandise is purchased: <input type="checkbox"/> By the customers for resale <input type="checkbox"/> For use in the business operations
If used by the customers in their business operations, describe the merchandise and whether it is equipment installed on their premises or is a consumable supply.

19. Explain below or attach a detailed explanation for any reason why you believe the worker is either an independent contractor or an employee of the firm.
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**To be completed by the worker:**

1. Do you want to be an independent contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you understand that as an independent contractor you are NOT eligible for unemployment compensation benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you understand that as an independent contractor you are NOT eligible for workers compensation insurance? (Unless, however, you choose to apply for coverage and pay insurance premiums). <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you understand that you are fully liable for social security contributions and tax withholdings? <input type="checkbox"/> Yes <input type="checkbox"/> No

**I have completed this application under my own cognizance.**

Printed Name of Worker	Worker's Business Name (if applicable)
Signature of Worker	Date

**To be completed by the firm:**

The following must be signed by a representative of the firm or business for whom the worker is performing services.

Under North Dakota Century Code sections 34-14, 52-04, and 65-04, if the relationship is established with the intent to willfully avoid wages, unemployment compensation taxes, and workers compensation premium payments, the independent contractor verification is then invalid.

Therefore:

As the firm or business entering into or continuing a relationship with an independent contractor, I realize that my firm or business will still be responsible for any financial obligation that might be assessed by the North Dakota Department of Labor and Human Rights, Workforce Safety and Insurance, or Job Service North Dakota if the relationship is one that was entered into with a willful and intentional attempt to avoid wages, taxes, or premiums, or if at later date the relationship is deemed to be employment, the firm is responsible for taxes, wages, or premiums from the date of determination.

Printed Name of Firm Representative	Daytime Telephone Number
Position in Firm	
Signature of Firm Representative	Date

**NOTICE:** Anything you submit to us in paper will be scanned to an electronic version and the original destroyed.