



STATEMENT OF INTENT TO PERFORM DISASTER OR EMERGENCY REMEDIATION WORK

SECRETARY OF STATE

SFN 61365 (01-2018)

For Office Use Only

ID Number:	
WO Number:	
Filed:	By:

For reference, see North Dakota Century Code Chapter 37-17.5.

Complete this form and provide a copy to the agencies identified below:

☐ Job Service North Dakota
Unemployment Insurance
Tax and Field Services
PO Box 5507
Bismarck ND 58506-5507
Phone: (701) 328-2814
Fax: (701) 328-1881
Email: jsuits@nd.gov

☐ Secretary of State
State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500
Phone: (701) 328-2900, option 2
Toll-Free: (800) 352-0867, option 2
Fax: (701) 328-2992
Email: sosbir@nd.gov

☐ Workforce Safety and Insurance*
1600 E Century Ave Suite 1
Bismarck ND 58506-5585
Phone: (2701) 328-3800
Toll-Free: (800) 7777-5033
Fax: (701) 328-375
Email: wsiemployerservices@nd.gov

***Must include proof that the business' workers have workers' compensation insurance in the state of domicile.**

NOTE: A separate form is required to be filed with the Office of State Tax Commissioner to fully comply with the requirements of North Dakota Century Code Chapter 37-17.5. The form is available on the Office of State Tax Commissioner's website at www.nd.gov/tax/.

TYPE OR PRINT LEGIBLY

Out-of-State Business Information

Business name		Telephone number	
Out-of-state business name (if different than above)		Federal tax ID number	
State of domicile	Date state disaster or emergency declared	Date of entry into North Dakota	
Principal business address			
City		State	ZIP code
Email address			

Person to Contact Regarding Tax Matters

Name		Telephone number	
Address			
City		State	ZIP code

I, the undersigned individual authorized by the business named above to sign this statement, state that:

- The business named above is in North Dakota for the sole purpose of disaster or remediation work as defined in N.D.C.C. Section 37-17.5-01 in response to the disaster or emergency declared on the date indicated above;
- The business and any out-of-state employees have valid licenses to perform the business or occupation from the principal state of business or employment;
- I understand that any out-of-state business or out-of-state employee that remains in this state after the disaster response period is subject to any business or employee registration and tax requirements that apply;
- I have read the foregoing statement, know the contents thereof, and believe the statements made therein to be true; and
- I understand that if I make a false statement in this document, I may be subject to criminal penalties.

Signature	Date
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