



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

Name of Worker	Telephone Number	Alternate Telephone Number	
Address	City	State	ZIP Code
Email Address			
Consent to Receiving Correspondence Exclusively at this Email Address ☐ Yes ☐ 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 ☐ Yes ☐ 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: ☐ Perform and complete a particular job only ☐ Work for an indefinite period of time ☐ Other (Explain): _____	
b. Does the worker report to the firm or its representatives? ☐ Yes ☐ No	If yes, list how often?
For what purpose?	
In what manner? ☐ In Person ☐ In Writing ☐ By Telephone ☐ 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? ☐ Yes - Attach copies of time records ☐ 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? ☐ Yes ☐ No	If yes, specify the reimbursed expenses:

6.

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

7.

At what location are the services performed? ☐ Firm ☐ Worker ☐ Other (specify):

8.

a. Type of pay worker receives: ☐ Salary ☐ Commission ☐ Hourly Wage ☐ Piecework ☐ Lump Sum ☐ Other (specify): _____	
b. Does the firm guarantee a minimum amount of pay to the worker? ☐ Yes ☐ No	c. Does the firm allow the worker a drawing account or advances against pay? ☐ Yes ☐ No
If yes, is the worker paid such advances on a regular basis? ☐ Yes ☐ 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.? ☐ Yes ☐ No	If yes, specify:
b. Does the firm carry workers compensation insurance on the worker? ☐ Yes ☐ No	c. Does the firm deduct social security tax from amounts paid the worker? ☐ Yes ☐ No
d. Does the firm deduct Federal income taxes from amounts paid the worker? ☐ Yes ☐ No	
e. How does the firm report the worker's income to the Internal Revenue Service? ☐ Form W-2 ☐ Form 1099 ☐ Does Not Report ☐ Other (specify): _____	
f. Does the firm bond the worker? ☐ Yes ☐ No	

10.

a. Is the worker required to work a certain number of hours per day? ☐ Yes ☐ No	If yes, how many?	When?
b. Is the worker required to follow a routine or schedule established by the firm? ☐ Yes ☐ No		
If yes, what is the routine or schedule?		
c. Does the worker perform similar services for others? ☐ Yes ☐ No	If yes, are these services performed on a daily basis for other firms? ☐ Yes ☐ 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? ☐ Yes ☐ No	If no, explain.	
d. Is the worker prohibited from competing with the firm either while performing services or during any later period? ☐ Yes ☐ No		
If yes, explain.		

11.

a. Can the firm discharge the worker any time without incurring a liability? ☐ Yes ☐ No	If no, explain.
b. Can the worker terminate the services at any time without incurring a liability? ☐ Yes ☐ No	If no, explain.

12.

a. Does the worker perform services for the firm under: ☐ The Firm's Business Name ☐ The Worker's Business Name ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No	
If yes, specify.	
d. Does the worker have his or her own shop or office? ☐ Yes ☐ No	if yes, where?
e. Does the firm represent the worker as an employee of the firm to its customers? ☐ Yes ☐ No	f. How did the firm learn of the worker's services?

13.

Is a license necessary for the kind of work performed? ☐ Yes ☐ 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?	☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes - explain the circumstances and findings. Also, attach a copy of the ruling, if available. ☐ No

17.

Does the worker assemble or process a product at home or away from the firm's place of business? ☐ Yes - answer a, b, and c below: ☐ No	
a. Who furnishes materials or goods used by the worker? ☐ Firm ☐ Worker	b. Is the worker furnished a pattern or given instructions to follow in making the product? ☐ Yes ☐ 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? ☐ Yes - answer remaining questions: ☐ No	
a. Are leads to prospective customers furnished by the firm? ☐ Yes ☐ No	
b. Is the worker required to pursue or report on leads? ☐ Yes ☐ No	
c. Is the worker required to adhere to prices, terms, and conditions of the sale established by the firm? ☐ Yes ☐ No	
d. Are orders submitted to and subject to approval by the firm? ☐ Yes ☐ No	
e. Is the worker expected to attend sales meetings? ☐ Yes ☐ No	If yes, is the worker subject to any kind of penalty for failing to attend? ☐ Yes ☐ No
f. Does the firm assign a specific territory to the worker? ☐ Yes ☐ No	
g. Whom does the customer pay? ☐ Firm ☐ Worker	If worker, does the worker remit the total amount to the firm? ☐ Yes ☐ No
h. Does the worker sell a consumer product in a home or establishment other than a permanent retail establishment? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No
m. Is the worker a traveling salesperson or city salesperson? ☐ Yes ☐ 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: ☐ By the customers for resale ☐ 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? ☐ Yes ☐ No	
2. Do you understand that as an independent contractor you are NOT eligible for unemployment compensation benefits? ☐ Yes ☐ 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). ☐ Yes ☐ No	
4. Do you understand that you are fully liable for social security contributions and tax withholdings? ☐ Yes ☐ 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.