



WORKERS' COMPENSATION COMMISSION NMI RETIREMENT FUND

P.O. Box 501247 C.K., Saipan, MP 96950
Phone: (670) 664-8024 / Fax: (670) 664-8074



Application for Certificate of Clearance

Please take notice that pursuant to the CNMI Workers' Compensation Law, as amended, every employer in the Commonwealth is required to secure insurance coverage for employee(s) in case of occupational injury, illness, or death. The law further requires that all applicants for business licenses in the CNMI (whether its an application for a new business or the renewal for an existing business) must obtain a Certificate of Clearance from the Workers' Compensation Commission before the Secretary of Finance will issue such business license.

Name of Business: _____

Address: _____

Name of Applicant/Representative: _____

PLEASE MARK THE APPROPRIATE AREA(S) BELOW

A. BUSINESS LICENSE APPLICANT – NEW:

- I am not an employer now. I do, however, understand the requirement of the Workers' Compensation Law. If I hire any employee in the future, I will comply with The requirements as mandated by law, and immediately secure coverage for my employee(s) and will file a Certificate of Compliance within 30 days thereafter.
- I am an employer or will be hiring personnel within a few days. I am providing a copy of the workers' compensation insurance policy in effect and a Certificate of Compliance (FORM WCC-100) as required.
- I have never been an employer operating under a different name.

B. BUSINESS LICENSE APPLICANT – RENEWAL:

- I have renewed the workers' compensation insurance coverage. I am providing a copy of the workers' compensation insurance policy in effect and a Certificate of Compliance (FORM WCC-100) as required.
- I did not or no longer have any personnel employed by the business.

Signature of Applicant or Representative

Date