

**PUBLIC UTILITIES COMMISSION OF THE STATE OF CALIFORNIA  
WORKERS' COMPENSATION DECLARATION FORM**

T- \_\_\_\_\_

or

PSG- \_\_\_\_\_

When you fill out this form, remember that the term "employee" includes clerical persons as well as drivers (and any other person employed in your carrier operations).

If your business status is *OUT OF STATE CORPORATION*, please note that you are not subject to the workers' compensation laws of California unless you have employees who reside in California. If you have employees who reside in California, check (B) below; if not check (A).

If you employ persons in your carrier operations in any manner that makes you subject to the workers' compensation laws of California, you must promptly file with the Commission a certificate of workers' compensation insurance coverage or a certificate of consent to self-insure issued by the Director of Industrial Relations.

Check (A) or (B) below.

- A.  I DO NOT have any employees. If I hire employees in the future, I will submit an amended Workers' Compensation Declaration Form to the Commission and contact my insurance company at once and have the required certificate of coverage mailed to the Commission.
- B.  I DO have employees. I will contact my insurance company at once and have the required certificate of coverage mailed to the Commission.

**CERTIFICATION**

I (we) certify (or declare), under penalty of perjury, that I (we) have read and understand the above requirement regarding workers' compensation and that I (we) am (are) able to and will comply with it. I (we) certify (or declare), under penalty of perjury, that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant(s)

If applicant is a corporation:

\_\_\_\_\_  
Signature of Corporate Officer

\_\_\_\_\_  
Title of Corporate Officer