

Department of Labor and Industries
 Employer Services
 PO Box 44168
 Olympia WA 98504-4169
 Fax: 360-902-6787



Contract: Report by Contractor

Forest, Range, and Timber

- This form must be completed and received by L&I prior to implementation of a contractual agreement with a contractor providing manual or technical services to any forest, range, or timber landowners. This includes additional awards to a written or verbal contract. Contract must be maintained and be made available upon request.
- List all subcontractors below. Have each subcontractor complete and submit one of these forms.
- If you are a subcontractor – list the name of the contractor you are working for.

Contractor Information

Check one <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor		What kind of contract is this? (Check all that apply) <input type="checkbox"/> Open Ended <input type="checkbox"/> Verbal <input type="checkbox"/> Addition to Prior Contract	
Business Name		Contract Number	
Address			
City		State	Zip Code
Contact Name		Contact Phone Number	
UBI	Account Number	Farm Labor Contractor License Number	
Do you have workers' compensation in other state(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Award Date	Amount \$	Start Date	End Date
Estimated Work Day	Estimated Acres	Estimated Total Wages \$	Estimated Total Hours
Workers Paid By: <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Other (please indicate):		Basis of Pay <input type="checkbox"/> Hourly <input type="checkbox"/> Piece Work <input type="checkbox"/> Salary <input type="checkbox"/> Other (please indicate):	

Landowner Information

Landowner Name	
Contact Name	Phone Number

Description of Work (Check all sub-risk classifications that apply)

5004 – Manal Labor Services	5006 – Mechanized Services	1007 – Technical Services
<input type="checkbox"/> 13 Tree planting <input type="checkbox"/> 14 Pre-commercial tree thinning/trail const/brush clearing/pruning <input type="checkbox"/> 18 Miscellaneous <input type="checkbox"/> Manual forest firefighting <input type="checkbox"/> Animal damage control <input type="checkbox"/> Beaver trapping <input type="checkbox"/> Hand application of fertilizer/ chemical <input type="checkbox"/> Cone picking <input type="checkbox"/> Hydro seeding <input type="checkbox"/> Tree netting	<input type="checkbox"/> 02 Machine work forest firefighting <input type="checkbox"/> 08 Machine work misc. forestry services <input type="checkbox"/> Machine work misc. brush clearing <input type="checkbox"/> Machine work chemical spraying <input type="checkbox"/> Roadway dust and mud control <input type="checkbox"/> Machine work forest trail construction <input type="checkbox"/> Machine work scarifying <input type="checkbox"/> Machine work slash burning <input type="checkbox"/> Machine work slash piling <input type="checkbox"/> Machine work slope grooming	<input type="checkbox"/> 16 Foresters <input type="checkbox"/> Scientific tree studies <input type="checkbox"/> Tree auditing <input type="checkbox"/> 19 Timber cruising <input type="checkbox"/> Other – please explain

Contract/Subcontractor Information

Name	Phone Number	UBI	Start Date	End Date	Hours	Amount
						\$
						\$

Comments		
Completed by	Title	Phone Number
I certify that this information is true and correct to the best by my knowledge.		
Signature	Date	