

Declaration of Independent Contractor Status Form

We certify UNDER PENALTY OF PERJURY that: (name and trade name) Oak Environmental, LLC
 performing (type of work) Abatement and/or Demolition / Remediation / Removal of Unsafe or Inhabitable vehicles
 Social Security or Federal Employer Identification # 81-4044895
 Address: P.O. Box 1747 Commerce City, CO 80037 Phone: 720 219-8356
 is an independent contractor (IC) and is not an employee of the following policyholder (PH): City of Commerce City
 Address: _____ Policy # _____ Phone: _____

We also certify, by OUR initials WHERE APPLICABLE, that the above business for which the above individual performs services meet the following criteria:

IC PH _____ 1. The business DOES NOT require the individual to work ONLY for the business for whom services are performed (except that the individual may DECIDE to work only for the business for a definite period);

IC PH _____ 2. The business DOES NOT establish a quality standard for the individual (except that the business may provide plans and specifications regarding work but cannot oversee the actual work or instruct the individual as to how work will be performed);

IC PH _____ 3. The business DOES NOT pay the individual a salary or an hourly rate instead of a fixed or contract rate;

IC PH _____ 4. The business DOES NOT terminate the work or the service provided during the contract period unless the individual violates the terms of the contract or fails to produce a result that meets the specifications of the contract;

IC PH _____ 5. The business DOES NOT provide more than minimal training for the individual;

IC PH _____ 6. The business DOES NOT provide tools or benefits to the individual (except that materials and equipment may be supplied);

IC PH _____ 7. The business DOES NOT dictate the time of performance (except that a completion schedule and a range of agreeable work hours may be established);

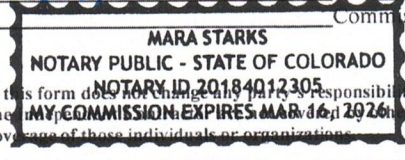
IC PH _____ 8. The business DOES NOT pay the individual personally instead of making payment or checks payable to the trade or business name of the individual;

IC PH _____ 9. The business DOES NOT combine the business operations in any way with the individual's business operations instead of maintaining all such operations separately and distinctly.

CERTIFICATION BY INDEPENDENT CONTRACTOR

THE INDEPENDENT CONTRACTOR UNDERSTANDS THAT HE/SHE:
 • **WILL NOT BE ENTITLED TO ANY WORKERS' COMPENSATION BENEFITS IN THE EVENT OF INJURY.**
 • **IS OBLIGATED TO PAY ALL FEDERAL AND STATE INCOME TAX ON ALL MONEY EARNED WHILE PERFORMING SERVICES FOR THE BUSINESS.**
 • **IS REQUIRED TO PROVIDE WORKERS' COMPENSATION INSURANCE FOR ALL WORKERS THAT HE/SHE HIRES.**

Allen Jurek President 194-50-1522
 Independent Contractor Signature Title Social Security #
 STATE OF COLORADO, COUNTY OF ADAMS
 Subscribed and sworn before me by Mara Starks this 12 day of JULY, 2023
Mara Starks Commission expires: MARCH 16, 2026
 NOTARY PUBLIC



Acceptance of the Independent Contractor named on this form does not change any party's responsibility under the Workers' Compensation Act. If individuals or organizations hired or contracted by the independent contractor do not have workers' compensation insurance, the policyholder specified on this form will be charged premium for coverage of those individuals or organizations.

CERTIFICATION BY BUSINESS

I certify that I am authorized by the business listed above to state that all of the information on this form is true and accurate. I understand that if the above person does not qualify for independent contractor status, the proper premium can be assessed.

Signature _____ Title _____
 STATE OF COLORADO, COUNTY OF _____
 Subscribed and sworn before me by _____ this _____ day of _____
 _____ Commission expires: _____
 NOTARY PUBLIC