

Certification:

Cecil County Health Department Statement of Compliance with the Workers' Compensation Act

Section 1-202 of the Health-General Article of the Annotated Code of Maryland requires that prior to issuance of any license or permit by this office, the applicant must provide either a worker's compensation insurance policy or binder number, or a Certificate of Compliance from the State of Maryland Workers' Compensation Commission.

A Certificate of Compliance is required for a business owner with no employees. Certain other legal entities with no employees other than corporate officers or members may also apply for a Certificate of Compliance. Contact the Workers' Compensation Commission at 410-864-5297 or by e-mail at COC@wcc.state.md.us for information on how to obtain a Certificate of Compliance.

I certify that I have the following workers' comper	(5) 95
Insurance Company:	
Policy or Binder number:	
I have enclosed a copy of my Certificate of Compli	ance from the Maryland Workers' Compensation
Commission.	
I certify under penalty of law that the information submitt	ed in this document is true, accurate, and complete
Signature	Date
litle	Type of License
Company Name	
Mailing address	
Location of business (if different than mailing address)	Revision 6/10/2011
Healthy People. Healthy Co	
ADMINSTRATIVE SERVICES	ENVIRONMENTAL HEALTH SERVICES 410-996- HEALTH PROMOTION 410-996- SPECIAL POPULATIONS MENTAL HEALTH C.S.A. 410-996- TTY USERS FOR DISABLED: MARYLAND RELAY 800-201- EN ESPAÑOL 410-996-5550 EXT.