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| **Maine Department of Labor**  **Bureau of Labor Standards**  **Proof of Ownership Master Form** | | | | | | | | | | | | | | |
| COMPLETE and RETURN to: | | | | | | | | | | | | | | |
|  | | | | Director, Bureau of Labor Standards  45 State House Station  Augusta, ME 04333-0045 | | | | | | |  | | | |
|  | | | | | | | | | | | | | | |
| Name of Employer: | | | |  | | | | | | | | |  | |
| Name of the company owner(s), President, or CEO: | | | | | | | | |  | | | | | |
| If Corporation, please provide name of Clerk of Corporation: | | | | | | | | | | |  | | | |
| Address of main office: | | | | |  | | | | | | | | | |
| Contact Person if other than owner: | | | | | |  | | | | | | | | |
| Telephone #: | | |  | | | | | | | | |  | | |
| Number of foreign (H2A) workers requested: | | | | | | | |  | | | | | | |
| Complete and attach Equipment List pages as needed identifying all equipment that may be used by a foreign worker hired by you under the H2A program.  (Note: Documentation is required for all equipment listed!) | | | | | | | | | | | | | | |
| I |  | | | | | | certify that any information provided on this form and any | | | | | | | |
| attached forms and additional documents are true and accurate. I understand that the failure to provide full  and accurate information will be a violation under the authorizing statute subject to a fine of $5,000 to  $25,000 as well as exclusion from the foreign worker program in Maine for two years; and that false  statements may also be prosecuted as an “unsworn falsification,” a Class D crime subject to up to one year  in jail and $2,000 in fines. | | | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | Date: | | | |  |
| Title: | |  | | | | | | | |  | | | | |

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| MAINE DEPARTMENT OF LABOR  BUREAU OF LABOR STANDARDS  **PROOF OF OWNERSHIP**  **MECHANICAL EQUIPMENT LIST**  Provide description and serial number of all equipment **owned** by applicant  that may be used by a foreign worker hired under the H2A program. | |
| **Equipment Description** | **Serial Number** |
| *(example)*  Feller Buncher | FB000123 |
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| **Attach receipts for purchase of all equipment listed above**  **and documentation of tax payments made.** | |

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| MAINE DEPARTMENT OF LABOR  BUREAU OF LABOR STANDARDS  **PROOF OF *Bona Fide* LEASE**  **MECHANICAL EQUIPMENT LIST**  Provide description and serial number of all equipment **leased** by applicant  that may be used by a foreign worker hired under the H2A program. | | |
| **Equipment Description** | **Serial Number** | **Lease Holder**  **(lessor)** |
| *(example)*  Feller Buncher | FB000123 | CMR Enterprises |
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| **Attach required documentation for all equipment listed above, including:**   * A copy of each lease document, including specific duration and lease amount. * Address and telephone number of each lessor. * Affiliates and subsidiaries of each lessor. * Names, addresses and telephone numbers of each lessor’s owner(s), agent(s) and directors. * Name(s) of foreign worker(s) or family members of foreign worker(s) or other individual(s) related to foreign worker(s) by blood or marriage, who own or control the lessor, if any. * Copies of leases by the lessor of logging equipment to at least three different, unrelated entities within each of the past three years. | | |

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| MAINE DEPARTMENT OF LABOR  BUREAU OF LABOR STANDARDS  **PROOF OF OWNERSHIP**  **FOREIGN (H2A) WORKER – Equipment Usage Form** | | | | | | | | | |
| Name of Worker: | | |  | | | | | | |
| Country of Origin: | | |  | | Date admitted into USA: | | |  | |
| Occupation: | |  | | | Location of work (county): | | | |  |
| Worker’s first day of work: | | | |  | Expected end date: | |  | | |
| Description and serial number of the equipment this worker will operate: | | | | | | | | | |
| Description |  | | | | | Serial Number | | |  |
| ****File one form for each foreign worker within 30 days of the foreign worker’s first day of work and attach a copy (both sides) of the foreign worker’s DHS-CBP I-94 Entry & Departure Record.**** | | | | | | | | | |

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| MAINE DEPARTMENT OF LABOR  BUREAU OF LABOR STANDARDS  **PROOF OF OWNERSHIP**  **FOREIGN (H2A) WORKER – Equipment Usage Form** | | | | | | | | | |
| Name of Worker: | | |  | | | | | | |
| Country of Origin: | | |  | | Date admitted into USA: | | |  | |
| Occupation: | |  | | | Location of work (county): | | | |  |
| Worker’s first day of work: | | | |  | Expected end date: | |  | | |
| Description and serial number of the equipment this worker will operate: | | | | | | | | | |
| Description |  | | | | | Serial Number | | |  |
| ****File one form for each foreign worker within 30 days of the foreign worker’s first day of work and attach a copy (both sides) of the foreign worker’s DHS-CBP I-94 Entry & Departure Record.**** | | | | | | | | | |