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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 Standards45 State House StationAugusta, ME 04333-0045 |  |
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| 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 LABORBUREAU 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 LABORBUREAU 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 LABORBUREAU 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.****  |