

Request for Worker Classification Guidance Form

Are you unsure how to classify the workers who perform services for you or your business? Are you a trade association, employer group, or other group whose members are interested in learning more about how to properly classify their workers?

The Division of Labor and Industry offers several different options to help business owners, trade associations, employer groups, prospective businesses, and others better understand how to classify their workers and avoid costly worker misclassification mistakes.

Your Name:	Your Title:			
Company, Trade Association or Group Name:				
Nature of business: Construction	Landscaping	Other		
Describe the type of work done by the business:				
Describe the type of work done by the workers in q	question:			
Telephone Number where we can contact you:				
Mailing Address:	City	State	Zip	
Address where consultation or workshop will be he	eld if different from mailing	g address:		
	City	State	Zip	
Is this a(n): Existing business Trade Assoc Other - If "Other" please explain below:	iation Employer Group	Prospective Bu	usiness	
Are you interested in: One-on-One Consultatio (You may check more than one)	on Group Workshop	☐ Written Mate	erial	
Please submit the completed form to the address be	elow.			

Department of Labor Division of Labor and Industry

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