

**Registration of Participation in World Trade Center
Rescue, Recovery and/or Clean-up Operations**
(Sworn Statement Pursuant to Workers' Compensation Law §162)

REGISTRATION IS NOT THE FILING OF A CLAIM FOR WORKERS' COMPENSATION BENEFITS

In the Matter of the Registration of

_____, Participant
(Your first name, middle initial and last name)

SWORN STATEMENT

Regarding Participation in World Trade Center
Rescue, Recovery and/or Clean-up Operations.

WCL §162

State of _____
(State/province where you have this notarized)

) ss:

County of _____
(County, or country if outside U.S.A., where you have this notarized)

**I, _____ (print first name, middle initial and last name) being duly
sworn, depose and say:**

1. I am the above named Participant, and I reside at _____
_____ (provide street number and name,
city, state, zip code and country if not U.S.A.). My mailing address (if different from residential
address) is _____
_____. My telephone number is _____ (area code,
number). My Social Security Number is _____ (optional) and my date of birth is
_____.
2. I was a participant in World Trade Center rescue, recovery, and/or clean-up operations as that term is
defined in Workers' Compensation Law §161 (1). (See instruction page for complete definition.)
3. I participated in the World Trade Center rescue, recovery and/or clean-up operations as defined in
Workers' Compensation Law §161 (1) as (specify whether participated as an **employee** or **volunteer**)
_____. (A person participated as an employee if he/she was in the course of his/her
employment and was paid. A person participated as a volunteer if it was not part of his/her
employment, he/she was not directed to participate by the employer and he/she was not paid for the
services performed.)
4. I have the following evidence of my activities as a **volunteer** _____
_____ (list
any evidence such as pictures, badges, letters, etc. of your volunteer activities). (If you did not
participate as a volunteer, cross out this paragraph.)
5. The date(s) and location(s) where I worked as a participant, a description of the work I performed,
the name and address of my employer while a participant or the name of the agency or entity that
directed my volunteer participation, and the insurance carrier, if applicable and/or known for my
employer are as follows:

Date(s) Participated	Location(s) Where Participated	Description of Work Performed	Name of Employer/ Rescue Entity or Agency	Address of Employer/ Rescue Entity or Agency	Name of Employer's Insurance Carrier (if known)

6. I (state whether you **have or have not**) _____ filed a claim with the Workers' Compensation Board (hereinafter referred to as "Board") relating to my participation in World Trade Center rescue, recovery and/or clean-up operations as defined in Workers' Compensation Law §162 (1). I filed my claim on _____ (*date claim was filed with the Workers' Compensation Board*) and the "WCB Case No." for the claim I filed is _____ (*eight digit number assigned by the Workers' Compensation Board*).
7. I understand that by filing this Sworn Statement with the Board I am not filing a claim for benefits and the Board will not create a case file. I understand that to file a claim I must timely submit to the Board Form C-3, Employee's Claim for Compensation, or Form WTCVol-3, World Trade Center Volunteer's Claim for Compensation.
8. I understand that the law prescribes penalties for perjury, for knowingly making false statements in a written instrument offered for filing with a public entity such as the Board, and for willfully making false statements in connection with an insurance claim. By signing my name below I swear and affirm under penalty of perjury that the information and statements I have made herein are true.

(complete signature)

Sworn to before me this _____ day
of _____, 20_____

Notary Public