



## **Certification by a Nonprofitmaking Institution for an Exemption from Wage Order Coverage**

Nonprofitmaking institutions may use this form to certify for an exemption from Wage Order Coverage.

Nonprofitmaking institutions may include: churches, hospitals, schools, etc.

- See: §652.3 of the Minimum Wage Act and Part 143 of Title 12, for more information about the option to pay the statutory minimum wage rate, exclusive of allowances, instead of the wage order coverage.
- To qualify for an exemption a Nonprofitmaking Institution must file a certification within 6-months from when it was first organized and/or first hired employees.

### **Instructions:**

- Complete all items. Return notarized form and any attachments to the address above.
- For Number 9, Certification, on page two:
  - The person certifying must be authorized by the institution to make the certification.
  - The certification must be signed before a Notary Public or Commissioner of Deeds.
- The institution should keep a copy of this form for its files as proof of the exemption.

### **Statement of Nonprofitmaking Institution**

1. **Official name of institution:** \_\_\_\_\_

Phone number: \_\_\_\_\_

2. **Institution's complete address** (where it is located):

Street: \_\_\_\_\_

City or village: \_\_\_\_\_ County: \_\_\_\_\_ ZIP code: \_\_\_\_\_

3. **Other names this institution is known by**, if any: \_\_\_\_\_

4. **This institution is a** (check one):  Corporation  Unincorporated Association  Community chest  
 Foundation  Fund  Other (explain):

5a. **Date organized:**

5b. **Date first hired employee(s):**

6. **This institution was organized and is operated exclusively for** (check all applicable boxes):

Educational purposes  Religious purposes  Charitable purposes

Other purposes (explain, such as scientific research or literary):

7. **Describe briefly, but completely, all principal activities carried on by this institution:**

8. **Does any part of the net earnings of this institution benefit any private shareholder or individual?**

Check one:  No  Yes

9. **Certification**

“Certification by Nonprofitmaking Institution, pursuant to § 652.3 of the Minimum Wage Act, for Election of the option to pay the Statutory Minimum Wage Rate, Exclusive of Allowances, in lieu of Wage Order coverage.”

State of New York

ss:

County of: \_\_\_\_\_

I, ( Print name of person certifying. They must be authorized by the institution to make this certification):

\_\_\_\_\_

being duly sworn, do certify to the Commissioner of Labor of the State of New York as follows:

I hold the position of (Enter your Title): \_\_\_\_\_

In (Enter the official name of the institution. It should be the same as item 1 “Statement of Nonprofitmaking Institution”): \_\_\_\_\_

I am authorized to make this certification on behalf of this institution:

This is a nonprofitmaking institution. It was organized and is operated exclusively for religious, charitable or educational purposes.

No part of the net earnings of this institution benefits any private shareholder or individual.

This institution will pay and intends to continue to pay to each of its employees in every occupation a wage, exclusive of allowances, of not less than the current and future hourly minimum rate in Article 19 of the Labor Law.

That I have completed the Nonprofitmaking Institution Information section and all the information is, to the best of my knowledge and belief, true, correct and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to before me this: \_\_\_\_\_ day of: \_\_\_\_\_

Notary Public signature: \_\_\_\_\_

**Note:** Institutions are required to maintain and make available upon request of the Commissioner of Labor:

- (a) records of the hours of work and wages of employees, and
- (b) information regarding the classifications and occupations of individuals permitted to work but not classified as employees under the statute.

For more information see §143.5 and §143.6 of Title 12 of the official compilation of codes, rules and regulations.