Division of Labor Standards
Permit and Certificate Unit
1200 Washington Avenue
Building 12, Room 185B, Albany, NY 12226

WE ARE YOUR DOL

NEW YORK STATE OF OPPORTUNITY. Department of Labor

Renewal Application for Apparel Industry Certificate of Registration

☐ Check box if the preprinted information is not correct. Cross out and enter the correct information.

FEIN:

To Complete this Application:

- Send a CHECK or MONEY ORDER for $150, payable to the Commissioner of Labor.
- Answer all questions and make corrections if needed.
- Provide photographic proof(s) of identity, if necessary. See Item 2 below.
- Provide financial interest information. See item 3 below.
- Provide the appropriate documents proving Workers' Compensation and Disability Insurance coverage.
- Sign at the bottom of this application.
- Mail all materials by December 1 to the address shown above.

Telephone number:

1. List all locations, including omnibus corporations, where production employees work. Use back of form if necessary.
2. Have any owners, partners, or corporate officers changed in the past year? ☐ No ☐ Yes If "Yes", provide name(s), Social Security Number(s), home address(es), and title(s) on the back of this form along with photographic proof of identity.
3. You must include a list of names, addresses and percent of interest for **all** persons with a financial interest in the businesses. List them on back. Attach additional sheets if necessary. Publicly traded corporations must list the names and addresses of all corporate officers.
4. Has the firm, owner, partner, corporate officers or any of the ten largest shareholders been found to be in violation of the New York State Labor Law within the last three years? ☐ No ☐ Yes If "Yes", describe the violations on the back of this form. Attach additional sheets, if necessary.
5. Certificates of insurance for Workers' Compensation and Disability Insurance or Certificate of Attestation of Exemption must accompany each application. See list of acceptable forms on the submittal instruction sheet (LS 151). For information regarding Workers' Compensation or Disability Insurance, you may contact the NYS Workers' Compensation Board at 866-298-7830.

In order to complete this form, you must provide certain personal information. The authority to collect this information is found in the New York State Labor Law. This information will be maintained and used to process the application you are filing with the Labor Standards Permit and Certificate Unit. Failure to provide the information may result in our inability to process your application. You also understand that by signing this, you are granting permission to the Commissioner of Labor to provide access to your Unemployment Insurance (U. I. benefit file).

By filing this application you give permission to the Commissioner of Labor to provide all records filed by the company for Unemployment Insurance (U. I.) reports and contributions required by State Labor and Tax Law, to employees of the New York State Department of Labor. This includes, but is not limited to, information contained in or relating to the quarterly combined withholding, wage reporting and U.I. returns, the registration for U.I., the New Hire file, and all records of U.I. delinquencies. This information may only be used for government purposes regarding the licensing and certification of this company as required by Article 12-A of the New York State Labor Law and the regulations of the New York State Department of Labor, and for monitoring the company's compliance with Article 12-A.

I hereby affirm that the information provided in this application is true and accurate. I understand that if I knowingly falsify such information, I may be criminally prosecuted under Penal Law Section 175.35 and 210.45.

Signature: _____ Print name: _____

Title: _____ Date: _____

Office Use Only	**Bates Stamp**			1. ☐ Certified Ck./M.O. 2. ☐ Other	Input _____ Reviewed _____ Input _____
		Date	Amount		