



## Application for Apparel Industry Certificate of Registration

Check box if the preprinted information is not current; enter your new address below.

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Use back of form or attach additional sheets, if necessary, to answer any questions.

**This application MUST be accompanied by:**

- A. Check or Money Order made payable to the Commissioner of Labor:  New \$200  Renewal \$150
- B. On an initial application or change in entity, provide a copy of the certification (as filed with the County Clerk or Department of State) listed below:
  - 1. Individual - Certificate of Doing Business
  - 2. Partnership - Partnership Agreement
  - 3. Corporation - Certificate of Incorporation
  - 4. Limited Liability Company (LLC) - Article of Organization
- C. Photographic Proof of Identity - Each owner, each partner, or if the registrant is a corporation, each officer is required to submit photographic proof of identity. Examples of acceptable proofs of identity include clear and legible photocopies of: driver's license; non-driver's identification; passport; other official forms of photo identification.
- D. Provide the appropriate documents proving Workers' Compensation and Disability Insurance Coverage. (See section 18 for specific documentation requirements)

1. Trade name	9. Employer I.D. No.	10. Company in business since
2. Main office address	11. Check the most applicable <input type="checkbox"/> Manufacturer (1) or <input type="checkbox"/> Contractor (2) of <input type="checkbox"/> garments or <input type="checkbox"/> components	12. Nature of business, type of garments or components
3. City	13. type of ownership <input type="checkbox"/> Publicly held corporation(s) (specify)	
4. State	<input type="checkbox"/> Individual (1) <input type="checkbox"/> Partnership (2) <input type="checkbox"/> Corporation (3) <input type="checkbox"/> LLC (4)	
5. Zip code	Name of market _____ Corporation Abbreviation _____	
6. Business telephone	14. Do you have a contractual relationship with a labor organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," furnish the following:	
7. Legal name if different from item 1	a. Name of labor organization _____ b. Local # _____	
8. List all locations where production employees work	15. Do you utilize the services of any contractor and/or subcontractor in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	16. Are you a member of a business association? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," specify _____	
	17. Greatest number of production workers in the past twelve months Was _____ during the month of _____	

**You must complete items on all pages, sign and return the application, with photographic proof(s) of identity, fee and certification (if needed) to the address shown above.**

<b>Office Use Only</b>	<b>Stamp</b>	<b>A</b>		1. <input type="checkbox"/> Certified Ck/MO	Input	
		Date	Amount		<input type="checkbox"/> Other	Reviewed
						Input

18. Insurance

Provide: Certificates of insurance for both Workers' Compensation and Disability Insurance with ~ application. For information regarding Workers' Compensation or Disability Insurance, you may contact the NYS Workers' Compensation Board at (866) 298—7830.

For Workers' Compensation, Only ONE of these forms is necessary:

- A) C - 105.2: Certificate of Workers' Compensation Insurance
- B) CE - 200: Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage
- C) U - 26.3: State Insurance Fund's version of C 105.2
- D) S1 - 12: Certificate of Workers' Compensation Self-Insurance
- E) GSI - 12: Certificate of Group Workers' Compensation Self-Insurance
- F) GSI - 105.2: Certificate of Participation in Workers' Compensation Group Self-Insurance

For Disability Insurance, Only ONE of these forms is necessary:

- A) CE - 200: Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage
- B) DB - 120.1: Certificate of Disability Insurance
- C) DB - 155: Certificate of Disability Benefits Self-Insurance

19a. Publicly-traded corporations must list the names and addresses of corporate officers and must include photographic proof of identity. Use back of form or attach additional sheets as necessary.

Name and Address	Name and Address

19b. All businesses which are not publicly-traded, whether sole proprietorship, partnership, corporation, etc must list the required information for each owner, partner, or corporate officer, and the ten largest shareholders, or any persons with any financial interest in the business. (Use back of form or attach additional sheets as necessary). Each owner, partner, or corporate officer is required to submit photographic proof of identity.

Name and home address	Social Security Number	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Officer (specify) _____ <input type="checkbox"/> Investor	Amount or percentage of ownership
Name and home address	Social Security Number	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Officer (specify) _____ <input type="checkbox"/> Investor	Amount or percentage of ownership
Name and home address	Social Security Number	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Shareholder <input type="checkbox"/> Officer (specify) _____ <input type="checkbox"/> Investor	Amount or percentage of ownership

20. Have you 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. Use back of form or attach additional sheets, if necessary.

\_\_\_\_\_

Date of Violation

\_\_\_\_\_

Nature of the Violation

In order to complete this form, you must provide certain personal information. The authority to collect the 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 Division of Labor Standards. Failure to provide the information may result in our inability to process your application.

By filing this application I give permission to the Commissioner of Labor to provide all records filed by the company for Unemployment Insurance (UI) 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 UI returns, the registrator for UI, the New Hire file, and all records of UI 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 understand that by signing this I am granting permission to the Commissioner of Labor to provide access to my Unemployment (UI) benefit file.

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 primarily prosecuted under Penal Law Section 175.35 and 210.45.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Title