



**Professional Employer Organization  
Request for Exemption**

**A. Qualification for Exemption**

A PEO can request "Exempt" status if:

- It does not maintain an office in New York State
- It does not engage in direct solicitation of business in New York State
- It does not have more than 25 worksite employees in New York State
- It is licensed to do business as a PEO in another state that has the same or greater requirements as New York State

**If all of the above requirements are met, complete this form. If any of the requirements are not met, the PEO must complete form LS 665, Request for Registration.**

**B. Type of Request (check one)**

- Initial       Renewal

**C. General Information**

1a. Name of Professional Employer Organization:

b. Additional names, if any, under which the PEO currently conducts business.

2. Type of business organization (mark one):

- Corporation       Sole Proprietorship       Partnership       Limited Liability Company  
 Limited Liability Partnership

3. Federal Employer Identification Number (FEIN): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

4. 4a. Complete physical address of Principal Administrative

Office:

4b. Mailing address, if different:

4c. Telephone, fax, and email address of Principal Administrative Office:

Telephone:  
Fax:  
Email:

5. States in which the PEO is licensed or registered as a PEO, its license or registration number, and the State Agency that issued it:

6. Fiscal year starts \_\_\_\_\_ and ends \_\_\_\_\_

#### D. Submission Instructions

- For any questions, email [PEOInfo.LS@labor.ny.gov](mailto:PEOInfo.LS@labor.ny.gov) or call (518) 457-1942.
- The initial application for exemption must be submitted prior to placement of worksite employees in New York State. A renewal application for exemption must be submitted no later than 180 days after the end of the PEO's fiscal year.
- Make sure you have marked on the first page whether this is an initial or renewal request.
- With an initial request, submit a copy of the corporate filing receipt and/or authorization to do business in New York State from the New York State Secretary of State for each incorporated individual PEO.
- Attach a blank copy of the contract used with clients.
- Attach a list of all New York clients including the name, address, FEIN, type of business, name of the New York State Workers' Compensation and Disability Insurance policyholders, and number of employees for each client. This list will be kept confidential.
- Attach Form CE 200. Information and a copy of this form are available from any District Office of the New York State Workers' Compensation Board or from their website at [www.wcb.ny.gov](http://www.wcb.ny.gov); click on "WC/DB Exemptions," then click on "Request for WC/DB Exemption."
- The law does not permit Group exemption. Each PEO must apply individually.
- Attach a copy of your PEO Registration from another state that has the same, or greater, requirements as NYS.
- If a corporation, the application must be signed by the chief executive officer of the corporation.
- If a partnership, proprietorship or LLC the application must be signed by a partner, owner or member authorized to bind the entity.
- Mail the completed request with all attachments to:  
New York State Department of Labor  
Division of Labor Standards  
Permit and Certificate Unit  
Harriman State Office Campus  
Building 12, Room 185B  
Albany, NY 12240

#### E. Declaration

By filing this request, the applicant authorizes the Unemployment Insurance Division to release its Unemployment Insurance records to the Division of Labor Standards.

I, the undersigned, affirm that I am an officer, partner, proprietor or member of the above Applicant PEO and am authorized to file this request for exemption. I affirm that the Applicant PEO meets all the requirements for exemption listed in **Section A. Qualifications for Exemption** of this form. I affirm that the information in this request and all attachments is complete and accurate to the best of my knowledge.

---

Date

---

Signature of Chief Executive Officer, Partner,  
Sole Proprietor or Member

---

Print name of above Signatory