



## Application for Apparel Industry Certificate of Registration

This application MUST be accompanied by:

- A. Check or Money Order made payable to the Commissioner of Labor:  New \$200  Renewal \$150
- B. Photographic Proof of Identity - The individual owner, each partner, each member, or if the registrant is a corporation, each officer is required to submit photographic proof of identity for new applications (and for renewal applications only when a person has been replaced)
- C. Provide the appropriate documents proving Workers' Compensation and Disability Insurance Coverage. (See section 21 for specific documentation requirements)

1. Legal name:

2. DBA (optional):

3. Type of Business Organization:  Corporation  LLC  Partnership  LLP  Sole Proprietorship

Publicly held corporation(s) (specify)

Name of market:

Corporation Abbreviation:

4. FEIN:

5. Business telephone:

6. Current Certificate Number (if applicable):

7. Main office address:

8. City:

9. State:

10. Zip code:

11. Mailing address (if different):

12. City:

13. State:

14. Zip code:

15. Give address(es) where production employees work at, including the Omnibus Company Name (if any) of each address. If production employees work on different floors at the same address, show each floor separately including the full address.

16. Company in business since:

17. Check the most applicable:  Manufacturer or  Contractor  
 OF  garments or  components

18. Nature of business, type of garments or components:

**You must complete items on all pages, sign and return the application, with photographic proof(s) of identity (if needed), fee, and insurance certificates or CE-200 exemption certificate 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 |   | 2. <input type="checkbox"/> Other |
|                        |              |          |        |   |                                   |

19. Do you utilize the services of any contractor and/or subcontractor in New York State?  Yes  No

20. Greatest number of production workers in the past twelve months

Was: \_\_\_\_\_ during the month of: \_\_\_\_\_

21. 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) SI - 105.2P - Certificate of Participation in Workers' Compensation County Self-Insurance Plan
- F) SIG - 105.2 - Certificate of Participation in Workers' Compensation Group Board-approved 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

22a. Publicly-traded corporations must list the names, titles, and addresses of all corporate officers for new and renewal applications. Photographic proof of identity is required for each officer for new applications (and for renewal applications only when there has been a change in officers). Use back of form or attach additional sheets as necessary.

| Name, Title, and Address | Name, Title, and Address |
|--------------------------|--------------------------|
|                          |                          |
|                          |                          |

22b. All businesses which are not publicly-traded, whether sole proprietorship, partnership, LLC, corporation, etc. must list the required information for the individual owner, each partner, each member, or each corporate officer, and the ten largest shareholders, and any persons with any financial interest in the business. (Use back of form or attach additional sheets as necessary). In addition, the individual owner, each partner, each member, or each corporate officer is required to submit photographic proof of identity for new applications (and for renewal applications only when a person has been replaced).

|                       |                                      |   |                                   |
|-----------------------|--------------------------------------|---|-----------------------------------|
| Name and home address | Social Security Number Last 4 digits | <input type="checkbox"/> Owner<br><input type="checkbox"/> Partner<br><input type="checkbox"/> Member<br><input type="checkbox"/> Officer (specify) _____<br><input type="checkbox"/> Shareholder | Amount or percentage of ownership |
| Name and home address | Social Security Number Last 4 digits | <input type="checkbox"/> Owner<br><input type="checkbox"/> Partner<br><input type="checkbox"/> Member<br><input type="checkbox"/> Officer (specify) _____<br><input type="checkbox"/> Shareholder | Amount or percentage of ownership |
| Name and home address | Social Security Number Last 4 digits | <input type="checkbox"/> Owner<br><input type="checkbox"/> Partner<br><input type="checkbox"/> Member<br><input type="checkbox"/> Officer (specify) _____<br><input type="checkbox"/> Shareholder | Amount or percentage of ownership |

23. 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. 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 registration 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 Insurance (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

\_\_\_\_\_  
Printed name for above signature

\_\_\_\_\_  
Title