



NEW YORK STATE DEPARTMENT OF LABOR
 Worker Protection Central Processing
 Apparel Registration Rm 288A
 State Office Campus Building 12
 Albany NY 12240



APPLICATION FOR APPAREL INDUSTRY CERTIFICATE OF REGISTRATION

CHECK BOX IF THE PREPRINTED INFORMATION IS NOT CURRENT; ENTER YOUR NEW ADDRESS BELOW.



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 or partner, or if the registrant is a corporation, then each officer, is required to submit photographic proof of identity. Examples 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. FEDERAL 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"/> GARMENT or <input type="checkbox"/> COMPONENTS		12. NATURE OF BUSINESS, TYPE OF GARMENTS OR COMPONENTS
3. CITY	4. STATE	13. TYPE OF OWNERSHIP <input type="checkbox"/> INDIVIDUAL (1) <input type="checkbox"/> PUBLICLY HELD CORPORATION(S) (SPECIFY) <input type="checkbox"/> PARTNERSHIP (2) <input type="checkbox"/> CORPORATION (3) <input type="checkbox"/> LLC (4) _____ NAME OF MARKET _____ CORPORATION ABBREVIATION _____		
5. ZIP CODE	6. BUSINESS TELEPHONE			
7. LEGAL NAME, IF DIFFERENT FROM ITEM 1		14. DO YOU HAVE A CONTRACTUAL RELATIONSHIP WITH A LABOR ORGANIZATION? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, FURNISH THE FOLLOWING: a. NAME OF LABOR ORGANIZATION _____ b. LOCAL # _____ 15. DO YOU UTILIZE THE SERVICES OF ANY CONTRACTOR AND/OR SUBCONTRACTOR IN NEW YORK STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO 15. ARE YOU A MEMBER OF A BUSINESS ASSOCIATION? <input type="checkbox"/> NO <input type="checkbox"/> YES, IF YES, SPECIFY _____ 17. GREATEST NUMBER OF PRODUCTION WORKERS IN THE PAST TWELVE MONTHS WAS _____ DURING THE MONTH OF _____		
8. LIST ALL LOCATIONS WHERE PRODUCTION EMPLOYEES WORK				

YOU MUST COMPLETE THE ITEMS ON BOTH SIDES AND SIGN IN THE SHADED AREAS; RETURN THE APPLICATION, PHOTOGRAPHIC PROOF(S) OF IDENTITY, FEE AND CERTIFICATION (if needed) TO THE ADDRESS SHOWN ABOVE

OFFICE USE ONLY	STAMP	A		1. <input type="checkbox"/> CERTIFIED CK./MO.	INPUT
		DATE	AMOUNT	2. <input type="checkbox"/> OTHER	REVIEWED

CONTINUE ON REVERSE

18. INSURANCE

FROM YOUR INSURANCE COMPANY, YOU MUST OBTAIN A COMPLETED C-105.2 PROVING WORKERS' COMPENSATION INSURANCE COVERAGE AND A COMPLETED DB-120.1 PROVING DISABILITY INSURANCE COVERAGE, AND PROVIDE THEM TO THIS OFFICE. OTHER ACCEPTABLE FORMS OF PROOF: U-26.3 FROM SIF; OR, IF SELF-INSURED, SI-12 OR GSI-105.2 FOR WC AND DB-155 FOR DISABILITY.

IF **NOT LIABLE** FOR WC AND/OR DISABILITY INSURANCE, PROVIDE COMPLETED WC/DB-100 (REPLACES C-105.21 FORM) TO THIS OFFICE. THIS FORM IS AVAILABLE AT www.wcb.state.ny.us. UNDER "COMMON FORMS ON-LINE". YOU MAY CONTACT THE WORKERS' COMPENSATION BOARD AT 866-298-7830 FOR ASSISTANCE IN OBTAINING THIS FORM; WHEN CALLING. WAIT AFTER THE MENU FINISHES FOR SOMEONE TO GIVE YOU ASSISTANCE.

NOTE: Corporations which list shares of stock on a national securities exchange or whose shares are regularly quoted in an over-the-counter market by members of a national or affiliated securities associations, are not required to list (1) the names, home addresses and social security numbers of its 10 largest shareholders, or (2) any New York State Labor Law violations which were found by a court or administrative body within the last three years.

19. LIST THE INFORMATION REQUESTED FOR EACH OWNER, PARTNER, OR CORPORATE OFFICER, AND THE TEN LARGEST SHAREHOLDERS (Attach additional sheets as necessary). EACH OWNER OR PARTNER, OR IF THE REGISTRANT IS A CORPORATION, THEN EACH 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) _____
NAME AND HOME ADDRESS	SOCIAL SECURITY NUMBER	<input type="checkbox"/> OWNER <input type="checkbox"/> PARTNER <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> OFFICER (specify) _____
NAME AND HOME ADDRESS	SOCIAL SECURITY NUMBER	<input type="checkbox"/> OWNER <input type="checkbox"/> PARTNER <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> OFFICER (specify) _____

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 (ATTACH ADDITIONAL SHEETS, IF NECESSARY)

DATE OF VIOLATION

NATURE OF THE VIOLATION

STATEMENT


I understand that the Apparel Industry registration for which I am applying is issued to a manufacturer or contractor as defined in Article 12A Section 340 of the New York State Labor Law. In addition to the requirements of Article 12A, as an employer I am subject to other provisions of the Labor Law requiring payment of at least the applicable New York State Minimum Wage, timely payment of wages, accurate payroll records showing the number of hours worked daily and weekly. The amount of gross wages, net wages and deductions; wage statements with each payment of wages; that wages shall be subject to no deductions except those authorized or required by Law, such as for social security or income tax, that the minimum wage shall not be reduced by expenses insured by an employee in carrying out duties assigned by the employer.

I know that I must make the required records available to representatives of the Commissioner of Labor at my place of business upon request and that I must cooperate with any investigation to determine compliance with the provisions of the Labor Law.

In addition, being under formal notice that any false statements knowingly made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law, I do hereby affirm and certify that the information contained herein is true and accurate.

Penal Law 175.35 provides that a person who, knowing that a written instrument contains a false statement or false information and with intent to defraud the state or any subdivision thereof, offers or presents such instrument for filing or registration with such public office, is guilty of a Class E felony.

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SIGNATURE

_____ DATE

_____ NAME AND TITLE (PRINTED OR TYPED)