



Application Information Sheet Labor Contractor License

Who Must Apply? Any person who bids or submits prices on contracts, or any person who for compensation, recruits or supplies workers in construction, for the production of farm crops or the reforestation of lands must apply for a Construction, Farm or Farm / Forest Labor Contractor license, depending on the type of work performed.

License fees:	\$150.00	CONSTRUCTION LABOR CONTRACTOR LICENSE
	\$150.00	FARM LABOR CONTRACTOR LICENSE
	\$350.00	FARM / FOREST LABOR CONTRACTOR LICENSE

The Following Entities are Eligible to Receive a License:

1. **Sole Proprietor**
2. **Partnership or Limited Liability Partnership** – Note that **each partner** must apply separately
3. **Corporations** – Note, **each** of the shareholders owning a majority of the corporation must submit an application unless there are 10 or more shareholders and more than two shareholders collectively own the majority of the corporation
4. **Limited Liability Company (“LLC”)** – Note **each** of the members owning a majority of LLC must submit an application unless the LLC has 10 or more members and more than two members collectively own the majority of the LLC
5. **Cooperative Corporation**
6. **Private non-profit corporation**
7. **Agricultural Association**
8. **Publicly-held corporation** (or Limited Liability Company)
9. **Employee(s)** of a licensed labor contractor – Note, any person acting as a contractor (if different than a licensed sole proprietor, partner, shareholder, or LLC manager or member) must be licensed.

To Obtain a License, Each Applicant is Required to Submit:

1. Appropriate license fee
2. Completed Application (WH-37)
3. **Four (4) current** colored 2" x 2" passport photographs
4. IRS Tax Compliance Certification
5. Oregon Department of Revenue Tax Compliance Certification
6. Oregon Employment Department Tax Compliance Certificate
7. Vehicle Information Sheet (WH-150) if applicable
8. Certificate of Insurance issued by your auto insurance carrier which lists the Bureau of Labor and Industries as the certificate holder and provides a 30-day cancellation notice, for all vehicle(s) used in the operation of this business and used to transport workers **It must also list all vehicles and their Vehicle Identification number***
9. If renewal application, copy of WH-151 **and** WH-153 or equivalent used in your contracting business
10. Certificate of Insurance issued by your Worker's Compensation carrier and which lists the Bureau Labor and Industries as certificate holder **and provides a 30-day cancellation notice***
11. Proof of Financial Responsibility documentation*
12. Certificate WH-56, if applying for exempt license
13. Sponsorship statement (WH-36), if applicable (for employee applicants)
14. Certified Statement (WH-35) and proof of IRS 501(c)(3) exemption for private non-profit corporation applicants

***If applying as an employee of a labor contractor for an employee indorsement, you do not need to submit proof of financial responsibility, or certificates of insurance for vehicles or worker's compensation.**

ALL assumed business names and corporations **MUST** be registered with the Corporation Division in Salem **PRIOR** to a license being issued. To register, please contact: Oregon Secretary of State - Corporation Division, Public Service Building, Suite 151, 255 Capitol Street NE, Salem, OR 97310. Or call (503) 986-2200.

Proof of Financial Responsibility: Proof of financial responsibility is a Corporate Surety Bond of a company licensed to do business in Oregon, or a cash deposit. All financial responsibility documents are to be submitted on forms that are provided by the Licensing Unit. The proof of financial responsibility shall be in the following amounts:

\$10,000 if employing no more than 20 employees

\$30,000 if employing 21 or more employees; or for agricultural associations or non-profit corporations

If you are also applying for a **camp operator indorsement**, the minimum amount of the proof of financial responsibility document acceptable is \$15,000, regardless of the number of employees employed.

Contractors who employ 21 or more employees and who have been licensed as a labor contractor for at least two years may apply to the Bureau for a **bond reduction**. There is no bond reduction available for contractors with 20 or fewer employees. In addition, application may be made to the Bureau for an **aggregate bond** reduction when a corporation with more than one licensee, or a partnership, has been licensed as a labor contractor for at least one year.

When the contractor elects to make a cash deposit as proof of financial responsibility, the cash deposit is required to be:

1. Issued payable to the "Commissioner, Oregon Bureau of Labor and Industries" exclusively; **AND**
2. Immediately payable to the Commissioner upon demand; **AND**
3. Held in trust through the current license year, **PLUS** six months.

Exemption from Financial Responsibility and Record Keeping Requirements: Applicants for a Farm Labor Contractor License who will be engaged in forestation/reforestation activities may request an Application for Exemption from Bond. **FOR THIS EXEMPTION, THE APPLICANT MUST BE:** a sole proprietor; engage in forestation/reforestation contracts for under \$25,000; and employ two or fewer individuals in the performance of work on all contracts performed in the license year.

License Renewal: The license shall be good for one year from date of issue. Renewal applications are sent to all licensed contractors prior to the expiration of the current license.

Temporary Permit: A temporary permit may be issued prior to taking the exam. It shall be valid for 60 days, however, arrangements must be made to **SCHEDULE** and **TAKE** the exam within 45 days of issue. It shall be the contractor's responsibility to contact the Salem office to arrange for an appointment to take the exam. It is suggested that you do not wait until the end of the 45 days to schedule your exam in the event you fail the exam and need to reschedule. The permit may **NOT** be extended beyond 60 days. A contractor is allowed only one temporary permit within any 12-month period.

THE PERMIT WILL BE GRANTED ONLY IF ALL MATERIALS REQUIRED FOR LICENSING ARE SUBMITTED IN ONE PACKAGE AND IT IS COMPLETE. OTHERWISE, YOUR APPLICATION WILL BE RETURNED TO YOU FOR COMPLETION. NO ACTION WILL BE TAKEN UNTIL YOU SUBMIT A COMPLETE APPLICATION.

The Bureau of Labor and Industries will assist you in any way possible in order to complete the licensing process. Please contact us at 503-373-1463 if you have further questions or wish to make an appointment for an office visit.

Completed applications may be submitted to:

Bureau of Labor and Industries, LCU
3865 Wolverine St. NE, #E-1
Salem, OR 97305-1268



Privacy Statement Labor Contractor License

As part of your application for a new or renewal construction, farm or forest labor contractor's license issued by the Bureau of Labor and Industries, you are required to provide your Social Security Number to the BOLI. This is mandatory. The authority for this requirement is Oregon Laws 1997, chapter 746, section 117 (ORS 25.785) and 42 USC § 666(a)(13).

Failure to provide your Social Security Number will be a basis to refuse to issue or renew the license you seek. Although a number other than your Social Security Number appears on the face of the license issued by the BOLI, your Social Security Number will remain on file with the bureau.

This record of your Social Security Number will be used for child support enforcement purposes only, unless you authorize other uses of the number.

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Attention

Before you send in your license application, please be sure you have included **ALL REQUIRED** documents. If the application packet is not complete, it will be returned to you. **You may not operate as a labor contractor unless you have a current license.** Using this checklist, review your application and documents. If you are applying to renew your license, please use the application and forms provided to you by this office for this purpose. (Forms used previously may have been revised.)

Place a check mark in each box to make sure you have completed and enclosed **ALL** required documents.

- Appropriate License Fee
- Completed Application (WH-37) with each and every question answered. Type or print clearly.
- Four current color** passport photographs (2" x 2")
- IRS Tax Compliance Certification Application (Final approval will be sent directly from IRS to BOLI)
- Oregon Department of Revenue Tax Compliance Certification
- Oregon Employment Department Tax Compliance Certification
- Vehicle Information Sheet (WH-150) if applicable
- Vehicle Insurance Certificate if transporting workers
- If a renewal application, include a copy of a:
 - Rights of Workers Notice (WH-151) or the equivalent used in your contracting
 - Agreement between Contractor and Worker (WH-153) or the equivalent used in your contracting
- Certificate of Workers' Compensation Insurance
- If using leased employees, a copy of:
 - Lease Contract, and
 - Certificate of Workers' Compensation Insurance from leasing agency
- Proof of Financial Responsibility Documents (See WH-126)
- Aggregate Bond Reduction Application (WH-124B), if applicable
- Bond Reduction Application (WH-124C), if applicable, must include required surety statements
- Certificate required if applying for EXEMPT license (WH-56)
- Employee Sponsorship Statement (WH-36), if applicable
- Certified statement (WH-35), if applying for NON-PROFIT CORPORATION license
 - Note, Proof of IRS 501(c) (3) exemption required for Non-profit corporation applications

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Bureau of Labor and Industries

Wage and Hour Division

Labor Contracting Unit

License Application – Labor Contractor

Please type or print clearly.

Each and every question must be answered, or your application will be returned to you as incomplete.

1. Application Type: New License License Renewal

2. Type of License/Application Fee Enclosed:

- Construction (\$150 fee)
- Farm only (\$150 fee)
- Farm/Forest (\$350 fee)
- Forest "Exempt" (\$350 fee)
- Farm only *Employee Indorsement* (\$150 fee)
- Farm/Forest *Employee Indorsement* (\$350 fee)

3. Are you applying for a *Camp Operator Indorsement* on your license? If yes, an additional application fee of \$50 is required. YES/Additional fee enclosed NO

4. Type of business entity:

- Sole Proprietor
- Partnership of ____ individuals
- Limited Liability Partnership
- Cooperative Corporation of ____ individuals
- Corporation
- Limited Liability Company
- Corporation – Publicly Traded
- Non-profit Corporation
- Agricultural Association

5. Applicant's Name: _____
(First) (Middle) (Last)

6. Home Address: _____
(Street)

(City) (County) (State & ZIP)

7. Home Phone: _____ **8. Date of Birth:** _____

9. Social Security #: _____

10. Business Name: _____
If no business name, check here

11. Business Address *(if different from #6):* _____
(Street)

(City) (County) (State & ZIP)

12. Business Phone: _____ **13. FAX** *(if applicable):* _____

14. Mailing Address *(if different from above):* _____
(Street or PO Box)

(City) (County) (State & ZIP)

15. Oregon Address _____
(Street)

(City) (County) (State & ZIP)

16a. List any and all other addresses and telephone numbers (include cell phone and pager numbers).
Attach information on additional sheets if more space is needed.

16b. List any email address you wish to provide for correspondence with us:

17. Federal Employer ID Number:

18. State Business ID Number ("BIN"):

19. What percentage of the company or business do you own?

 %

20. List full names, addresses, and telephone numbers of all persons financially interested, whether as partners, shareholders, profit-sharers, associates or members in the applicant's proposed operations as a labor contractor, together with the amount or percentage of the respective interest of each. *If more space is needed, attach information on additional sheet. If no other persons have a financial interest, check here* *and proceed to question 21.*

Person Financially Interested #1

Person Financially Interested #2

(Name)

(Address)

(City, State, ZIP)

(Percentage of Interest)

(Name)

(Address)

(City, State, ZIP)

(Percentage of Interest)

21. Have you or any of the individuals listed above ever had a labor contractor's license which has been denied, revoked or suspended? YES NO

22. Are you a defendant in any court actions or proceedings? *If yes, attach details.* YES NO

23. Are there any judgments or administrative orders of record against you? YES NO
If yes, attach details.

24. Do you provide, or will you provide, housing for your workers? YES NO
If yes, specify type of housing provided, e.g., camp, motel, house, etc.:

25. Tax compliance certifications from each and every one of the following entities must be submitted with your application. *Place a checkmark next to each certificate submitted with this application.*

- IRS Tax Compliance Certification
- Oregon Department of Revenue Tax Compliance Certification
- Oregon Employment Department Tax Compliance Certification

VEHICLE INFORMATION *If applying for an Employee Indorsement, proceed to question 30.*

26. Will you be using vehicles in the operation of this labor contracting business?

- YES *If yes, you must complete and submit the enclosed Vehicle Information Sheet with this application.*
- NO

27. Will any vehicles be used to transport workers?*

- YES *If yes, you must complete and submit the enclosed Vehicle Information Sheet and provide a Certificate of Insurance for each and every vehicle used to transport workers with this application.*
- NO

28. Vehicle Information Sheet Submission

- Vehicle Information Sheet enclosed
- Not applicable/Vehicle Information Sheet not required

29. Certificate of Insurance for Vehicle(s)

- Certificate(s) of Insurance enclosed
- Not applicable/Vehicles not used to transport workers--Certificate not required

***Note:** *Any additional vehicles acquired during the course of the license year must be reported and applicable insurance certificates provided.*

WORK AGREEMENTS BETWEEN CONTRACTOR AND WORKERS *The following forms or their equivalents must be submitted in English **and** in any other language you use to communicate with workers with your application unless you are applying for an Employee Indorsement or new license.*

30. Form WH-151 (Rights of Workers) or equivalent enclosed

31. Form WH-153 (Agreement Between Contractor and Worker) or equivalent enclosed

CERTIFICATE OF WORKERS' COMPENSATION COVERAGE *If applying for an Employee Indorsement, proceed to question 37.*

32. Workers' Compensation Certificate of Insurance enclosed *If you will be using leased employees, you **must provide** a copy of your lease contract and a Certificate of Worker's Compensation Insurance from the leasing agency.*

PROOF OF FINANCIAL RESPONSIBILITY INFORMATION *If applying for an Employee Indorsement or "Exempt" license, proceed to question #36.*

33. What is the maximum number of employees you intend to employ at any time during the next twelve month period covered by your license?

- 0 - 20 employees** (\$10,000 bond or equivalent required)
- 21 or more employees** (\$30,000 bond or equivalent required)
- 2 or fewer employees** ("Exempt" licenses)
- Agricultural association** (\$30,000 bond or equivalent required)
- Non-profit corporation** (\$30,000 bond or equivalent required)

- 34. What type of proof of financial responsibility are you submitting with your application?** Proof of financial responsibility **must be submitted with this application.** *If you are also applying for a camp operator indorsement, the minimum amount of the proof of financial responsibility document acceptable is \$15,000, regardless of the number of employees employed.*
- Corporate Surety Bond Time Certificate of Deposit
 Cash Deposit Other (*Specify Type:* _____)
- 35. Check here only if bond reduction(s) requested/application(s) (forms WH-124B or WH-124C) enclosed.**
- 36. Certification required for "Exempt" license applicants (form WH-56) enclosed.** *Check here only if applying for "Exempt" license.*
- 37. Employee Sponsorship Statement required for employee indorsement applicants (form WH-36) enclosed.** *Check here only if applying for Employee Indorsement.*
- 38. Certified statement required for Private Non-profit Corporations (form WH-35) enclosed.** *Check here only if applying for "Non-profit Corporation" license.*
- 39. Proof of IRS 501(c)(3) exemption required for Private Non-profit Corporations enclosed.** *Check here only if applying for "Non-profit Corporation" license.*

SWORN STATEMENT

As an applicant for a labor contractor's license, I state on oath:

- a) That the above information is true and correct;*
- b) That I will notify the Bureau of Labor and Industries of any changes in circumstances pertaining to information provided in this application;*
- c) That I will at all times conduct the business of a labor contractor in accordance with all applicable laws of the State of Oregon and rules of the Commissioner of the Oregon Bureau of Labor and Industries;*
- d) That I have READ and UNDERSTAND forms WH-151, "Rights of Workers;" and WH-153, "Agreement Between Contractor and Workers," and will, in accordance therewith, provide this information to all subject workers as required by law; and*
- e) That with regard to any action filed against me concerning my activities as a labor contractor, I appoint the Commissioner of the Bureau of Labor and Industries as my lawful agent to accept service of summons when I am not present in the jurisdiction in which such action is begun or have in any other way become unavailable to accept service.*

Applicant's Signature and Title

Date Signed



**Sponsorship Statement
(Regarding Employee of Farm / Forest / Construction Labor Contractor)**

I, _____, a licensed Labor Contractor, agree to sponsor the application for my employee, _____, and to notify the Commissioner of the Bureau of Labor and Industries promptly upon termination of the employment of the employee.

Additionally, I agree that:

The employee engages in activities that would require licensing as a labor contractor solely on behalf of the employer;

The employee does not personally employ any workers and is not responsible for paying any workers;

The employee meets all of the conditions for licensing as a labor contractor; and that

I maintain proof of financial responsibility; and

My license remains in good standing.

Licensed Contractor's Signature

Date

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Information Regarding Documentation of Tax Compliance

In order to qualify for an Oregon Labor Contractor license, you must demonstrate that you have filed and paid all taxes due. **Your license will NOT be issued until this information is received.**

IRS Tax Compliance Certification and Form 8821

IRS

Please complete section 1 of the IRS Tax Compliance Certification form AND parts 1 & 7 of Form 8821. **FAX BOTH FORMS TO THE IRS, ATTN: ANNA GAYLORD** at (503) 227-5594. Anna Gaylord will certify the Tax Compliance Certification form and Form 8821 and fax them directly to the Bureau of Labor and Industries' Farm / Forest Labor Contracting Licensing Unit.

Do not hold your license packet waiting for the IRS approval to come back to you – If you have an otherwise completed packet, you may submit it to the Bureau of Labor and Industries' Labor Contracting Unit.

Oregon Department of Revenue Tax Compliance Certification

Department of
Revenue

Please complete Part 1, including the authorization. Fax the certification form to the **Oregon Department of Revenue**. Once the Oregon Department of Revenue certifies the form, it will be faxed or mailed back to you to include with your license application.

(Please allow at least three (3) business days for the processing of this form.)

Oregon Employment Department Tax Compliance Certification

Employment
Department

Please complete Part 1, including the authorization. Fax the certification form to the **Oregon Employment Department**. Once the Oregon Employment Department certifies the form, it will be faxed or mailed back to you to include with your license application.

(Please allow at least three (3) business days for the processing of this form.)

If you have any questions regarding Documentation of Tax Compliance forms, please contact the Labor Contracting Unit in Salem at (503) 373-1463.

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Tax Information Authorization

▶ **Information about Form 8821 and its instructions is at www.irs.gov/form8821.**
 ▶ **Do not sign this form unless all applicable lines have been completed.**
 ▶ **To request a copy or transcript of your tax return, use Form 4506, 4506-T, or 4506T-EZ.**

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address (type or print)	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address Irma Porras - Bureau of Labor and Industries F/FLC License Unit 3865 Wolverine NE, E-1; Salem, OR 97305	CAF No. 0310-51201R PTIN _____ Telephone No. 503-373-1463 Fax No. 503-373-7636 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, etc.) (see instructions)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
Income/Business	1040, 1065, 1120, 1120S	2011-2017	
Employment	940, 941, 943, 944, 945	2011-2017	
*****PLEASE FAX THIS FORM TO	ANNA AT 503 227-5594	*****	

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6

- 5 Disclosure of tax information** (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):
- a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box
- Note.** Appointees will no longer receive forms, publications and other related materials with the notices.
- b** If you do not want any copies of notices or communications sent to your appointee, check this box

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect **and** check this box

To revoke this tax information authorization, see the instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

▶ **DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature	Date
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Print Name	Title (if applicable)
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PIN number for electronic signature

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IRS TAX COMPLIANCE CERTIFICATION

PART 1: TO BE COMPLETED BY APPLICANT			
Applicant Name (Last, First, Middle Initial): _____ Check One: <input type="checkbox"/> Owner <input type="checkbox"/> Employee <input type="checkbox"/> Authorized Tax Matters Person	Social Security Number (SSN):* _____		
Business Name: _____	Employer Identification Number (EIN): _____		
DBA (Doing Business As), if applicable: _____ Have you done business under any other business name or employer identification number (EIN)? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list names and EIN numbers): NAME: _____ EIN: _____ NAME: _____ EIN: _____			
Address (Street, City, State, Zip Code): _____ _____ _____	Daytime Telephone: _____ FAX Number: _____		
Type of Business: (Check one for each applicant) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) _____ Did you have employees working for you in the past 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Number: _____ Do you expect to have employees working for you in the next 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Number: _____	<p style="text-align: center;">MAILING ADDRESS</p> Internal Revenue Service EG: 2315 Attn: A. Gaylord M/S 0105 1220 SW 3 rd Ave., Suite G044 Portland, OR 97204-2827 Telephone: (503) 265-3743 FAX: (503) 227-5594		
PART 2: THIS SECTION TO BE COMPLETED IN FULL BY IRS STAFF ONLY			
	YES	NO	\$ AMOUNT
Outstanding Liability	_____	_____	_____
Returns Filed:			
Payroll (941, 940, 943))	_____	_____	
Individual Income Form (1040)	_____	_____	
Corporation (Form 1120)	_____	_____	
Other (Specify) _____			
COMPLIANCE CERTIFICATION BY IRS: <div style="text-align: center;"> <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON-COMPLIANT </div>			
Signature of IRS Certifying Official _____ DATE: _____			

***Privacy Act Statement:** The submission of your social security number if voluntary. It will be used only for identification purposes to facilitate your application for a labor contractor's license. Failure to provide it may result in a delay of the application process.

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TAX COMPLIANCE CERTIFICATION

FOR OFFICE USE ONLY
Date Received

- Please print using blue or black ink.
- Return your completed form to the address below.

PART 1—TO BE COMPLETED BY APPLICANT

Applicant Name (Last, First, Middle Initial)		Check one <input type="checkbox"/> Owner <input type="checkbox"/> Employee		Social Security Number (SSN)*	
Street Address		City		State	ZIP Code
Business Name				Employer Identification Number (EIN)	
DBA (doing business as), if applicable				Oregon Business Identification Number (BIN)	
Business Street Address		City		State	ZIP Code
Business Daytime Telephone Number		Fax Number		Other Telephone Number	

Type of Business (check one) Sole Proprietor Partnership Corporation Other (specify) _____

Did you have employees working for you within the past 12 months? Yes No If yes, how many? _____

Do you expect to have employees working for you within the next 12 months? Yes No If yes, how many? _____

Have you done business under any other business name(s) or employer identification number(s)? Yes No If yes, list below.
Name(s) _____ EIN(s) _____

AUTHORIZATION

I hereby authorize the Oregon Department of Revenue and its employees to disclose to _____ whether or not the applicant or entity named above has filed all required tax returns and/or whether the applicant or entity has paid all taxes due, which includes adherence to an acceptable payment plan. This authorization applies to the three tax years preceding and for any tax years subsequent to the date of this authorization. This authorization applies to the individual applicant and the business entity, including all business owners indicated above. This authorization remains in effect until _____ or until the Oregon Department of Revenue receives a notice of revocation from the taxpayer, whichever is sooner. This authorization is intended to designate the _____ to receive tax compliance information for the persons and tax years indicated. ORS 305.193, OAR 150-305.193.

Signature X	Print Name	Date
Title (if applicable)		Daytime Telephone Number

PART 2—TO BE COMPLETED BY DEPARTMENT OF REVENUE STAFF ONLY

Oregon Department of Revenue Tax Compliance Certification— In Compliance. Not in Compliance.

Signature of Department of Revenue Certifying Official X	Title	Date of Compliance Certification
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Questions?

Telephone: Salem503-378-4988
Toll-free within Oregon..... 1-800-356-4222

Fax to: **503-945-8735**

—or—

For general tax information: www.dor.state.or.us

TTY (hearing or speech impaired; machine only): 503-945-8617 (Salem) or 1-800-886-7204 (toll-free within Oregon).

Mail to: **PTAC, Compliance & Filing Enforcement**
Oregon Department of Revenue
955 Center St NE
Salem OR 97301-2555

Americans with Disabilities Act (ADA): This information is available in alternative formats. Call 503-378-4988 (Salem) or 1-800-356-4222 (toll-free within Oregon).

Asistencia en español. Llame al 503-945-8618 en Salem o llame gratis al 1-800-356-4222 en Oregon.

* The submission of your Social Security number is voluntary. It will be used only for identification purposes to verify tax compliance as part of your application for a license, contract, or employment. Failure to provide it may result in a delay of the application and certification process. The statutory or other authority to request your Social Security number is provided by _____.

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**OREGON EMPLOYMENT DEPARTMENT
TAX COMPLIANCE CERTIFICATION**

PART 1: TO BE COMPLETED BY APPLICANT

Applicant Name (Last, First, Middle Initial): _____ Check One: <input type="checkbox"/> Owner <input type="checkbox"/> Employee	Social Security Number (SSN):* _____
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Business Name: _____	Employer Identification Number (EIN): _____
	Oregon Business ID Number (BIN): _____

DBA (Doing Business As), if applicable: _____

Have you done business under any other business name or employer identification number (EIN)? No Yes
 (If yes, list names and EIN numbers):

NAME: _____ **EIN:** _____

Address (Street, City, State, Zip Code): _____ _____ _____	Daytime Telephone: _____ FAX Number: _____
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Type of Business: (Check one for each applicant) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) _____ Did you have employees working for you in the past 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Number: _____ Do you expect to have employees working for you in the next 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes Number: _____	MAILING ADDRESS Oregon Employment Department ATTN: Tax 875 Union Street NE Salem, OR 97311-0030 Telephone: (503) 947-1488 FAX: (503) 947-1700
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PART 2: THIS SECTION TO BE COMPLETED BY EMPLOYMENT DEPARTMENT STAFF ONLY

	YES	NO	\$ AMOUNT
Outstanding Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
Returns Filed:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Payroll (Form OQ)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Payroll (Form 132) Wage Detail	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (Specify) _____			_____

COMPLIANCE CERTIFICATION BY EMPLOYMENT DEPARTMENT:

COMPLIANT NON-COMPLIANT

Signature of ED Certifying Official _____ **DATE:** _____

*Privacy Act Statement: The submission of your social security number is voluntary. It will be used only for identification purposes to facilitate your application for a labor contractor's license. Failure to provide it may result in a delay of the application process.

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