



RENEWAL APPLICATION
EMPLOYMENT AGENCY LICENSE
AND SERVICE AGENCY REGISTRATION

The Employment Agency Program within the Massachusetts Division of Occupational Safety (DOS) licenses for-profit employment agencies and registers service agencies in accordance with M.G.L. c. 140, §§ 46A-46R. Depending upon the nature of your business and the manner in which you place, find, recruit, refer, or assign workers to jobs, employment, interviews, or assignments, your agency requires a license or registration. Said licenses and registrations must be renewed annually pursuant to M.G.L. c. 140, §§ 46B, 46D, 46Q, and 801 CMR 4.02.

SECTION I

AGENCY LICENSE OR REGISTRATION NUMBER: _____

AGENCY NAME _____

PARENT OR AFFILIATE COMPANY NAME (if applicable) _____

STREET ADDRESS _____ BLDG/SUITE # _____

CITY / TOWN _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ FAX NUMBER _____

E-MAIL ADDRESS _____ WEBSITE _____

AGENCY IS LOCATED IN A : RESIDENCE COMMERCIAL BUILDING

AGENCY MAILING ADDRESS (if different) _____

SECTION II

1. THIS AGENCY IS A: SOLE PROPRIETORSHIP PARTNERSHIP, LP, OR LLP CORPORATION OR LLC

FEDERAL ID # _____

- If sole proprietorship, provide the following for the **Owner**;
- If partnership, LP, or LLP, provide the following for the **Partner (1 of 2)**;
- If corporation or LLC, provide the following for the **President**:

FIRST NAME	LAST NAME	TITLE
SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER	FORMER BUSINESS OR OCCUPATION
HOME MAILING ADDRESS		

- If partnership, LP, or LLP, provide the following for the **Partner (2 of 2)**;
- If corporation or LLC, provide the following for the **Treasurer**:

FIRST NAME	LAST NAME	TITLE
SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER	FORMER BUSINESS OR OCCUPATION
HOME MAILING ADDRESS		

2. Has any of the above information changed since your last license or registration was issued? YES NO

If YES, sole proprietorships, partnerships, or LPs must remit a copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the agency is located. **Corporations, LLPs, or LLCs** must remit a current Certificate of Good Standing, issued by the Secretary of the Commonwealth's Office. These documents must be attached to your renewal application. (Contact information for the Secretary of the Commonwealth's Office: One Ashburton Place, Boston, MA 02108-1512 Tel.: 1-800-392-6090; www.sec.state.ma.us/cor/coridx.htm)

3. All sole proprietorships, partnerships, LPs, LLPs, corporations, and LLCs:
Provide the following information for the **AGENCY MANAGER**:

FIRST NAME	LAST NAME	TITLE
SOCIAL SECURITY NUMBER	HOME TELEPHONE NUMBER	FORMER BUSINESS OR OCCUPATION
HOME MAILING ADDRESS		

4. All sole proprietorships, partnerships, LPs, LLPs, corporations, and LLCs:
List all types of placement occupations / jobs / engagements / services your agency provides:

<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> PART-TIME	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY

5. How many placement counselors does your agency utilize? 1-4 5 or more
6. Does your current license or registration show the correct name and address of your agency? YES NO
7. Does your agency have multiple locations? YES NO

IF YES is each office duly licensed or registered? YES NO

List the cities/towns of the other locations: _____

8. If an agency directly employs the workers it places, are all workers receiving at least the Massachusetts minimum hourly wage? Agency is not the direct employer YES NO
9. If an agency does not directly employ its workers or referrals, does the agency provide the client and job applicant or referral with information about Massachusetts' Minimum Wage and Hour Laws? Agency is the direct employer YES NO
10. Is the Massachusetts Minimum Wage and Hour Laws poster posted in your agency? YES NO

SECTION III Please answer the following:

1. Does your business accept applications and keep a list of persons seeking employment? YES NO
2. Does your business send people on interviews or to assignments, jobs, or engagements that your business has arranged? YES NO
3. Does your business keep a list of employers, persons, businesses, or clients seeking employees or workers for permanent or temporary employment, help, or engagement? YES NO
4. Does your business place models, "brand ambassadors," or "promotional workers?" YES NO
5. Does your business charge fees of any kind to job applicants or workers, either directly or indirectly? YES NO
6. Does your business provide domestic employees, defined as workers who provide services in a person's home, including babysitters, nannies, elder care workers, or home companions? YES NO

➔ **If the answer to BOTH of questions # 5 AND # 6 is NO, skip SECTION IV and go directly to SECTION V of this application.** Your business must be renewed as a registered as a service agency pursuant to M.G.L. c. 140, §§ 46A, 46B.

➔ **If the answer to EITHER of questions # 5 and/or # 6 is YES, please answer the following questions:**

7. Does the agency directly employ its workers, that means, the agency pays them, assigns them, provides workers' compensation insurance for them in accordance with M.G.L. c. 152, the Workers' Compensation Act, and exercises some level of supervision over them on an on-going basis? YES NO
8. Does the agency ONLY provide part-time (fewer than 35 hours per week) or temporary help (assignments lasting fewer than 10 weeks) to others? *(This means, none of your workers spend more than 35 hours per week or more than 10 weeks in duration working for only one client.)* YES NO

➔ **If the answer to BOTH of questions # 7 and # 8 is YES, skip SECTION IV and go directly to SECTION V of this application.** Your business must be renewed as a registered service agency pursuant to M.G.L. c. 140, §§ 46A, 46B.

➔ **If the answer to EITHER of questions # 7 or # 8 is NO, please answer question # 9:**

9. Does the agency solely provide to employers or prospective employers, by electronic means, biographical information, background, and experience of applicants for temporary employment, help, or engagement, and does not try to connect specific job applicants or workers to specific clients, persons, or businesses seeking workers? YES NO

If the answer to question #9 is YES, skip SECTION IV and go directly to SECTION V of this application. Your business must be renewed as a registered as a service agency pursuant to M.G.L. c. 140, §§ 46A and 46B.

If the answer to question # 9 is NO, complete SECTION IV AND SECTION V of this application. Your business must be renewed as a licensed employment agency pursuant to M.G.L. c. 140, § 46A.

SECTION IV

This section is to be completed by license renewal applicants only. Registration renewal applicants go directly to Section V.

1. Has your agency manager changed within the past year? YES NO

If YES, attach a copy of the current manager's resume to your renewal application and remit as part of your renewal package to DOS.

2. Is your license posted in a conspicuous place in your agency? YES NO

3. Is there a copy of the Employment Agency Law posted in your office? YES NO

4. Has your agency changed any of its forms or contracts within the last six months? YES NO

If YES, attach new forms and contracts to your renewal application and remit as part of your renewal package to DOS.

5. Does the agency maintain a register and separate file designation for job applicants/ employees/workers containing the name, address, date of application, completed job application, references, result of reference(s) check(s), job assignment, and all fees or charges itemized? YES NO

6. Does the agency maintain a register of all clients and maintain copies of contracts or agreements that stipulate the name and address of each client/employer, billing rate and/or fee for services, and a work order? YES NO

7. Are records kept on the agency premises for at least three (3) years? YES NO

8. Does the agency advertise in newspapers or other publications? YES NO

If YES, attach sample advertisement to your renewal application and remit as part of your renewal package to DOS.

9. Is the agency party to any criminal or civil cases involving past or present applicants, workers, or clients? YES NO

If YES, attach information, court documents, or final disposition from the court to your renewal application and remit as part of your renewal package to DOS.

SECTION IV CONTINUED...

10. Does the agency place domestic workers, that is, workers who provide services in a person’s home, including nannies, babysitters, and/or elder care givers? YES NO

If NO, go to question #11. If YES, please answer the following:

A. Are mandatory CORI checks being performed? YES NO

B. Does the agency check at least one (1) of every applicant’s references? YES NO

C. Has the agency received any complaints from, or had services terminated for cause, by any clients or employees? YES NO

D. Does the agency attempt to recruit workers from outside the Commonwealth of Massachusetts to perform domestic work? YES NO

E. Does the agency utilize person(s) (emigrant agents) to recruit workers outside of Massachusetts? YES NO

If YES, provide the name of recruiter(s), mailing address, and his/her license number(s) and attach to this application.

11. Does the agency place models, “brand ambassadors,” or “promotional workers?” YES NO

If NO, go to question # 12. If YES please answer the following:

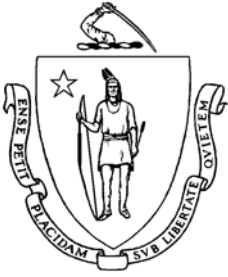
A. Does the agency charge a registration fee to the model(s)? YES NO

B. Does the agency charge a fee for work performed in excess of 10% to the model(s)? YES NO

C. Does the agency use contracts between the agency and the model(s)? YES NO

12. Attach the following required documents to your renewal application for licensure, depending upon whether your agency is a sole proprietorship, partnership, LP, LLP, corporation, or LLC.

SOLE PROPRIETORSHIP	PARTNERSHIP, LP, OR LLP	CORPORATION OR LLC
<input type="checkbox"/> A surety bond continuation certificate for the surety bond filed in the penal sum of \$3,000 payable to, “the people of the Commonwealth,” reflecting the address of the agency office on the bond certificate.	<input type="checkbox"/> A surety bond continuation certificate for the surety bond filed in the penal sum of \$3,000 payable to, “the people of the Commonwealth,” reflecting the address of the agency office on the bond certificate.	<input type="checkbox"/> A surety bond continuation certificate for the surety bond filed in the penal sum of \$3,000 payable to, “the people of the Commonwealth,” reflecting the address of the agency office on the bond certificate.
<input type="checkbox"/> A signed and dated CORI Request Form for the owner. Form provided.	<input type="checkbox"/> A signed and dated CORI Request Form for both partners. Form provided; make copies as needed.	<input type="checkbox"/> A signed and dated CORI Request Form for corporate president and corporate treasurer. Form provided; make copies as needed.



THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY
EMPLOYMENT AGENCY PROGRAM

**AFFIRMATION OF COMPLIANCE WITH
WORKERS' COMPENSATION LAW**

All employers in Massachusetts are required to carry workers' compensation insurance for their employees. This addendum to your application package allows employers to affirm compliance with this law. **All information provided is subject to investigation by the Division of Occupational Safety and the Department of Industrial Accidents. Pursuant to M.G.L. c. 152, §25C(6), the Division of Occupational Safety (DOS) must deny the issuance or renewal of a license if the applicant is not in compliance with workers' compensation law.**

Name of Business Entity: _____

Name of Owner(s) _____

Business Address: _____

_____ CITY/TOWN

_____ STATE

_____ ZIP CODE

Telephone Number: _____ Website Address: _____

Check one box and take action required:

- I am an employer and the workers that my agency places, assigns, or refers are employees of my business. Complete Section A and attach a copy of your workers' compensation insurance policy declaration page.
- I have other employees, but the workers that my agency places, assigns, or refers are NOT employees of my business. Complete Section B.
- I am a sole proprietor or partnership (not a corporation); I have no employees, and the workers my agency places, assigns, or refers are not employees of my business. Complete Section B.
- My business is a corporation with no employees; the workers my agency places, assigns, or refers are not employees of my business, and my corporation has an approved Form 153 from the Department of Industrial Accidents exempting corporate officers from workers' compensation insurance coverage. Complete Section B and attach a copy of your approved Form 153.

SECTION A: WORKERS' COMPENSATION INSURANCE INFORMATION

M.G.L. c. 152, § 25C (6) reads, in relevant part, "Every state or local licensing agency shall withhold issuance or renewal of a license or permit to operate a business... for any applicant who has not produced acceptable evidence of compliance with the [workers' compensation] insurance coverage required by this chapter."

Insurance Company Name: _____

Insurance Company Address: _____

Policy Number or
Self-Insurance License Number: _____ Expiration Date: _____

Check if applicable:

- All of my employees are covered under the policy listed above, including the workers that my agency places, assigns, or refers.

I do hereby certify, under the pains and penalties of perjury, that the information provided in this section is true and correct.

SIGNATURE OF BUSINESS OWNER

DATE

SECTION B: FOR THOSE BUSINESSES THAT DO NOT EMPLOY SOME OR ANY OF THE WORKERS THAT THEY PLACE, ASSIGN, OR REFER TO JOBS, WORK, OR ENGAGEMENTS

1. What type(s) of work do the people you place, assign, or refer perform? _____

2. How are these workers paid? Cash Check Who pays these workers? _____

3. Does your business set the workers' hours? Yes No

4. Does your business assign workers to job site(s)? Yes No

5. Does your business provide equipment or tools to workers you place, assign, or refer? Yes No

6. How do workers get to their jobs site(s)? _____

7. Does your agency provide workers with a 1099 Tax Form for income earned? Yes No

8. Are these workers sufficiently skilled in the performance of the required job duties to be able to make decisions on their own and to work without supervision? Yes No

9. Do these workers perform their job duties at more than one job site? Yes No

10. Do these workers supervise or employ any other worker(s) at the same or any other job site? Yes No

11. What is the average duration of the job/assignment to which you place, assign, or refer a worker? _____

12. Does your business consider the people you place, assign, or refer, to be independent contractors? Yes No

13. Does your business consider the people you place, assign, or refer to jobs, work, or engagements to be the employees of the person or business for whom they perform their work? Yes * No

*If YES, is this employment relationship disclosed in writing? Yes No

I do hereby certify, under the pains and penalties of perjury, that the information provided in this section is true and correct.

SIGNATURE OF BUSINESS OWNER

DATE

For Official Use Only

Department of Industrial Accidents

Division of Occupational Safety

Based upon available information, this business appears to have met its legal obligations with regard to WC insurance coverage.

Date sent: _____

Based upon available information, this business does **not** appear to have met its legal obligations with regard to WC insurance coverage.

By: _____

Based upon available information, the Department of Industrial Accidents is unable to determine whether this business has met its legal obligations with regard to WC coverage, and must investigate further.