

ePLACE

Applying for Initial Licenses and Registrations

Contents

ePLACE	1
Applying for Initial Licenses and Registrations	1
Applying for a License or Registration.....	3
Licensed Employment Agency Required Document	19
Registered Placement Agency Required Document	22

Applying for a License or Registration

The Commonwealth of Massachusetts must license placement agencies and Employment agencies to conduct business in the state, regardless of whether or not the agency has a physical office within state borders.

You can now apply and renew Placement Agencies and Employment agencies certifications via ePLACE.

<https://elicensing21.mass.gov/citizenaccess/>

1. Click on the **File an Online Application** link in the Manage Licenses, Permits, & Certificates box.

Mass.gov | State Offices & Courts | State A-Z Topics | State Forms | Accessibility FAQs

An Official website of the Commonwealth of Massachusetts

ePLACE Portal

Announcements | Logged in as jmcDonald | Accessibility Support | Account Management | Logout

Need Help? For technical assistance in using this web application, please call the ePLACE Help Desk Team at (844) 733-7522 or (644) 73-ePLAC between the hours of 7:30 AM-5:00 PM Monday-Friday, with the exception of all Commonwealth and Federally observed holidays. If you prefer, you can also e-mail us at ePLACE_helpdesk@state.ma.us. For assistance with non-technical issues, please contact the issuing Agency directly using the links below.

Contact [Alcoholic Beverages Control Commission](#)
Contact [Division of Capital Asset Management and Maintenance](#)
Contact [Division of Professional Licensure](#)
Contact [Department of Labor Standards](#)

Translation Information - [Click Here](#)

Document Attachment: In order to upload required documents, this system requires Microsoft Silverlight which can be downloaded for free [here](#).
Convenience Fee: Please note there may be a convenience fee for all online credit card transactions. There is no fee for online payment by check.

Home | **Manage Licenses, Permits & Certificates** | **File & Track Complaints**

Welcome jmcDonald
You are now logged in to the Commonwealth's ePLACE Portal.

What would you like to do?

Use the "Manage Licenses, Permits & Certificates" tab to:

- Apply for a License, Permit or Certificate
- Renew a License, Permit or Certificate (please link your license to your Portal account)
- Amend License, Permit or Certificate Information (please link your license or permit to your Portal account)

Use the "File & Track Complaints" tab to:

- File a Complaint (Division of Professional Licensure only)
- Review the status of a complaint filed via this Portal (Division of Professional Licensure only)

Link your License, Permit or Certificate to this account:
To link your license, permit, or certificate to this portal account, please complete the Record Authorization Form. This form can be found under the "Manage Licenses, Permits & Certificates" tab by clicking the "File an Online Application" link.

Please note: At this time, the ePLACE Portal services only some (not all) licenses, permits and certificates issued by the Division of Professional Licensure (DPL), Division of Capital Asset Management and Maintenance (DCAMM), and the Alcoholic Beverages Control Commission (ABCC). It does not service any other type of license or permit that is issued or approved by the Commonwealth or any of its agencies or municipalities. This Portal will not service any federal licenses or permits.

For additional information about the Commonwealth, please visit the [Mass.gov](#) portal.
For DPL information, please visit the [DPL website](#).
For DCAMM information, please visit the [DCAMM website](#).
For ABCC information, visit the [ABCC website](#).
For DLS information, visit the [DLS website](#).

General Information
[Search for a Commonwealth License](#)

File & Track Complaints
[File a Complaint](#)
[Track Complaints](#)

Manage Licenses, Permits & Certificates
[File an Online Application](#)
[Manage My Licenses, Permits & Certificates](#)

2. Online Applications and Record Authorization Form page will then be displayed. After reading the terms section, mark the checkbox “**I have read and accepted the above terms.**” Click on **Continue** button.

Home

Manage Licenses, Permits & Certificates

File & Track Complaints

[File an Online Application](#) | [Manage My Licenses, Permits & Certificates](#)

Online Applications and Record Authorization Form

Welcome to the Commonwealth of Massachusetts ePLACE Portal. In order to continue, you must review and accept the terms outlined as set forth below. Click the "Continue" button in order to proceed with the online submission process.

In order to perform licensing and permitting transactions online, you were required to register for the ePLACE Portal. All registered users of the ePLACE Portal are required to agree to the following:

1. Use of the Commonwealth of Massachusetts ePLACE Portal is subject to federal and state laws, which may be amended from time to time, including laws governing unauthorized access to computer Portals. Online inquiries and transactions create electronic records that in some instances might be disclosed to third parties pursuant to the public records law or other laws.

☒ I have read and accepted the above terms.

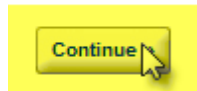
Continue »

3. Go to the Department of Labor Standard option. Click **Department of Labor Standards** arrow and mark the **Application for Employment License or Placement Registration** radio button.



4. Click the **Continue** button.

- ▶ Board of State Examiners of Electricians
- ▶ Board of State Examiners of Plumbers and Gas Fitters
- ▼ Department of Labor Standards
 - ☒ Application for Employment License or Placement Registration
- ▶ Division of Capital Asset Management and Maintenance
- ▶ Office of Private Occupational School Education



5. This starts the **Application for Employment License or Placement Registration**. Mark the highlighted required red * check box **By marking the checkbox you agree to the terms listed above**. Once completed, click on **Continue Application** button.

[Home](#) | [Manage Licenses, Permits & Certificates](#) | [File & Track Complaints](#)

[File an Online Application](#) | [Manage My Licenses, Permits & Certificates](#)

Application for Employment License or Placement Registration

1 Application Disclaimer

2 Agency Details

3 Application Details

4 Review

5 Pay Fees

6

Step 1 : Application Disclaimer > Page 1 of 1

* indicates a required field.

Application Disclaimer

APPLICATION DISCLAIMER

The Employment, Placement, and Staffing Agencies Program within the [Massachusetts Department of Labor Standards \(DLS\)](#) licenses employment agencies and registers placement agencies in accordance with M.G.L. c. 140, §§ 46A-46R and 454 CMR 24.00. 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 will require a license or registration. Said License or registration must be renewed annually. In addition, the **Temporary Workers Right to Know Law ("TWRKL")** at M.G.L. c. 149, § 159C, contains obligations and prohibitions which apply to "staffing agencies" as defined by law. Depending on the nature of your business, the TWRKL may apply to your business.

* By marking the check box you agree to the terms listed above:

☒

[Continue Application »](#)

Save and resume later: 

6. Complete the highlighted required red * fields for the Agency contact type. It is recommended that you use the **Select from your ePLACE Account** option.

Step 2 : Agency Details > Page 1 of 1

* indicates a required field.

Agency

The **Agency** is the Employment Agency or Placement Agency seeking Licensing or Registration, respectfully, through the Department of Labor Standards (DLS).

Please provide **Agency** information, including your business address. A business address is required for both applications. If you do not want to use the business address as the mailing address, please provide a separate mailing address where your company regularly receives mail.

- If your **Agency** information is already saved in your ePLACE Account, you may copy the information into this application by clicking the "Select from ePLACE Account" button below.

- If your **Agency** is different from your ePLACE Account, click "Add New" button to add the information requested.

- You may edit your **Agency** information by using the "Edit" link.

- It is your responsibility as a Employment Agency or Placement Agency to post a Certificate at each Agency location.

Select from your ePLACE Account

Add New

7. A pop-up screen will display. Some fields will populate based on the contact type associated to your ePLACE account. Click the **Select from your ePLACE Account**.

Contact Information

* Name of Agency: **A**

FEIN: * FEIN **B** Required

SSN:

Parent or Affiliate Company Name:

* Primary Phone: **C** Fax:

* E-mail: **D** Country: United States

Website Address:

* Agency is a: **E** Corporation

* Located in: **F** --Select--

DUA Compliance: **G** mm/dd/yyyy

Corporation Organized in: **H** --Select--

Contact Addresses

Add Contact Addresses

To edit a contact address, click the address link.

Agency Contact- a Business Address is Required. A Mailing Address is optional. If you are using a PO Box for your Business Address you MUST also include a physical address that DLS can perform an inspection on.

Owner/Partner/President/Treasurer Contacts- an Address is NOT Required. A Home Mailing Address is optional.

Required contact address type(s): Business Address

- a. Name of Agency
- b. FEIN- is conditionally required based on the selection in the Agency is a drop-down field.
- c. Primary Phone
- d. E-mail
- e. Agency is a
- f. Located in
- h. Corporation Organized in – conditionally displays and is required based on the selection in the Agency is a drop-down field.

8. A Business Address s required for an Agency contact type. You can also add a Mailing Address. A Mailing Address is optional.

Agency Address Information

* Address Type:

A

--Select--

* Street Address:

B

* City:

C

* State:

D

* ZIP Cod

E

Save and Close

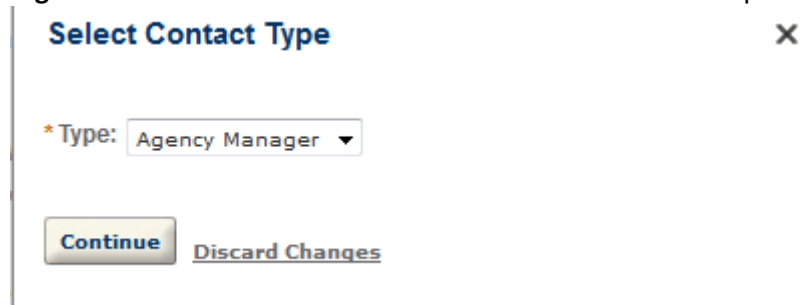
Save and Add Another

Clear

[Discard Changes](#)

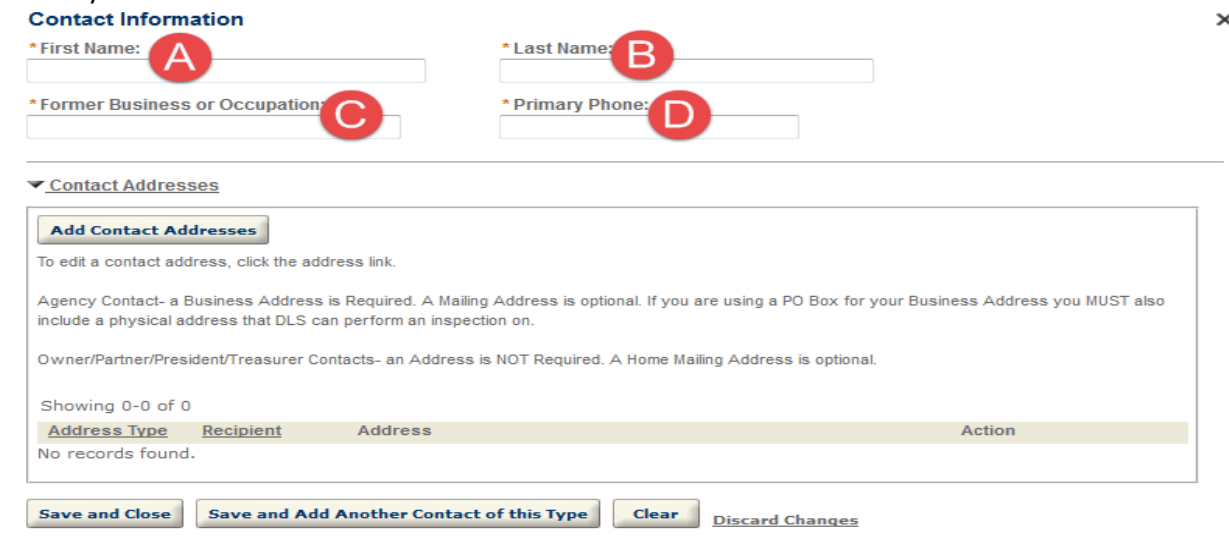
- a. Address Type
- b. Street Address
- c. City
- d. State
- e. ZipCode

9. After completing required red * fields for the Address click the **Save and Close** button.
10. Complete the highlighted required red * fields for the Mangement/Owner(s) Information contact types. An Agency Manager is a required contact type in the Mangement/Owner(s) Information contact type section. A pop-up screen will appear, Under **Type:** select “**Agency Manager**” and click the **Continue** button. Contact Addresses are optional for all contacts but the Agency.



A pop-up window titled "Select Contact Type" with a close button (X) in the top right corner. It contains a dropdown menu labeled "* Type:" with "Agency Manager" selected. At the bottom, there are two buttons: "Continue" and "Discard Changes".

- a. First Name
- b. Last Name
- c. Former Business or Occupation
- d. Primary Phone

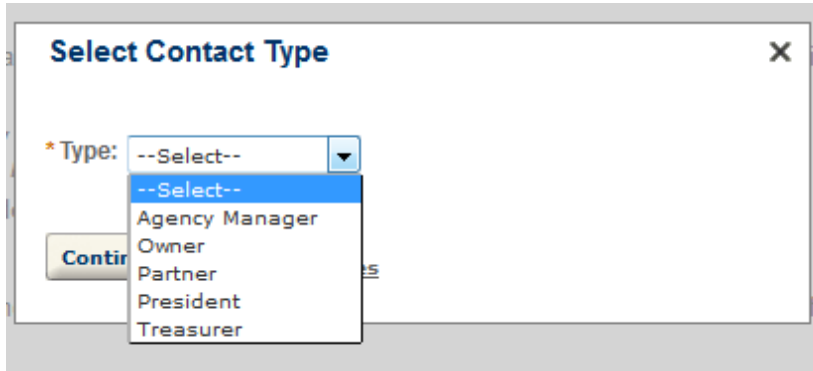


A form titled "Contact Information" with a close button (X) in the top right corner. It contains four required fields, each marked with a red asterisk and a red circle with a letter:

- * First Name: (A)
- * Last Name: (B)
- * Former Business or Occupation: (C)
- * Primary Phone: (D)

Below these fields is a section titled "Contact Addresses" with a dropdown arrow. It contains a button "Add Contact Addresses" and instructions: "To edit a contact address, click the address link." Below this, there is a table with columns "Address Type", "Recipient", "Address", and "Action". The table is currently empty, with the text "Showing 0-0 of 0" and "No records found." below it. At the bottom of the form, there are four buttons: "Save and Close", "Save and Add Another Contact of this Type", "Clear", and "Discard Changes".

11. After completing required red * fields for the Address click the **Save and Close** button.
12. Add additional Contact types based on the type of Agency.
 - a. Owner – add if “Agency is a” = Sole Proprietorship
 - b. Partner – add if “Agency is a” = Partnership, LP, or LLP
 - c. President – add if “Agency is a” = Corporation
 - d. Treasurer



The screenshot shows a window titled "Select Contact Type" with a close button (X) in the top right corner. Inside the window, there is a label "*Type:" followed by a dropdown menu. The dropdown menu is open, displaying a list of options: "--Select--", "--Select--", "Agency Manager", "Owner", "Partner", "President", and "Treasurer". To the left of the dropdown menu, there is a button labeled "Continue".

13. After all the Contacts have are added in the Contacts section, select a Placement Occupation from the OCCUPATIONS/JOBS/ENGAGEMENTS table. Click the Add Occupation/Jobs/Engagements button.

Placement Occupations

OCCUPATIONS/JOBS/ENGAGEMENTS

List all types of placement occupations / jobs / engagements to which your agency will provide or refer workers.

The fields Does your agency place people in homes only?, Are the workers paid by your agency?, and Are the workers paid by the client? are only active if you select "Homecare" from the "Type" drop-down list.

Showing 0-0 of 0


Type	Part-Time	Full-Time	Permanent	Temporary	Other	AC License	DC License	Does your agency place people in homes only?	Are the workers paid by your agency?	Are the workers paid by the client?
No records found.										

Add Occupations/Jobs/Engagements

Edit Occupations/Jobs/Engagements

Delete Occupations/Jobs/Engagements

Continue Application »

Save and resume later: 

Populate the highlighted

14. A pop-up screen will display. Select an Occupation/Jobs/Engagements Type from the drop-down list and mark all the checkboxes that are appropriate. Click the **Submit** button.

OCCUPATIONS/JOBS/ENGAGEMENTS

List all types of placement occupations / jobs / engagements to which your agency will provide or refer workers.

The fields Does your agency place people in homes only?, Are the workers paid by your agency?, and Are the workers paid by the client? are only active if you select "Homecare" from the "Type" drop-down list.

Type: **You are required to mark one of the checkboxes**

Administrative

☐ Permanent *

☐ Part-Time *

☐ Full-Time *

Other:

Asbestos License #:

Lead License #:

1. Does your agency place people in homes only?:

2. Are the workers paid by your agency?:

Are the workers paid by the client?:

Submit

Cancel

15. Click on the **Continue Application** button.

Placement Occupations

OCCUPATIONS/JOBS/ENGAGEMENTS

List all types of placement occupations / jobs / engagements to which your agency will provide or refer workers.

The fields Does your agency place people in homes only?, Are the workers paid by your agency?, and Are the workers paid by the client? are only active if you select "Homecare" from the "Type" drop-down list.

Showing 1-1 of 1

<input type="checkbox"/>	Type	Part-Time	Full-Time	Permanent	Temporary	Other	AC License No	DC License No	Does your agency place people in homes only?	Are the workers paid by your agency?	Are the workers paid by the client?	
<input type="checkbox"/>	Administrative	Yes	No	No	Yes							Actions ▼

Add Occupations/Jobs/Engagements ▼

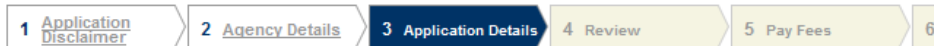
Edit Occupations/Jobs/Engagements

Delete Occupations/Jobs/Engagements

Continue Application »

Save and resume later: 

16. Complete the TWRKL and Determination section. Based on how you answer the TWRKL and Determination questions it will determine if you are applying to be a Licensed Employment Agency or a Registered Placement Agency.

Application for Employment License or Placement Registration

Step 3: Application Details > Page 1 of 4

* indicates a required field.

TWRKL and Determination**TWRKL AND DETERMINATION**

Staffing agencies must be either licensed as employment agencies or registered as placement in order to conduct business in the state, regardless of whether or not the agency has a physical office within state borders, in accordance with the Employment Agency Law, M.G.L. c. 140, §§46B. An additional law the Temporary Workers Right to Know Law ("TWRKL"), became effective in 2013. A "staffing agency" is defined by M.G.L. c. 149, § 159C as: "an individual, company, corporation, or partnership that procures or provides temporary or part-time employment to an individual who then works under the supervision or direction of a worksite employer." Agencies which place or send individuals to worksite employers are considered "staffing agencies" subject to the TWRKL.

The TWRKL sets out certain obligations for staffing agencies and their client companies or "worksite employers." These obligations are designed to give temporary workers basic information about the jobs and assignments to which they are being sent.

DLS administers the TWRKL by interpreting the law, conducting inspections and investigations, and engaging in compliance assistance for the business community. In addition to requiring that temporary workers be provided with a set of information for each new assignment, the TWRKL also prohibits a staffing agency and worksite employer from charging certain fees, requires the staffing agency to post a notice prescribed by DLS, and prohibits an agency from engaging in certain activities.

Post a Notice of Workers' Rights A notice of workers' rights under the TWRKL must be posted by each staffing agency. The notice is provided by DLS and can be downloaded at: [Notice of Workers' Rights](#). Notices can be mailed to staffing agencies upon request.

* 1. Will your business procure or provide temporary or part time employment to any individual(s) who will then work under the supervision or direction of a work site employer?:

☐ Yes ☐ No

* 2. Will your business charge fees to job applicants or workers for procuring or attempting to procure, permanent or temporary employment or engagements?:

☐ Yes ☐ No

License Employment Agency Details**LICENSE DETAILS**

Continue Application »

Save and resume later:

17. Complete following Affirmation of Compliance with Workers' Compensation Law section, based on how you answer the Affirmation of Compliance with Workers' questions determines if you need to complete Section A or Section B.

[Home](#) [Manage Licenses, Permits & Certificates](#) [File & Track Complaints](#)

[File an Online Application](#) | [Manage My Licenses, Permits & Certificates](#)

Application for Employment License or Placement Registration

1 Application Disclaimer

2 Agency Details

3 Application Details

4 Review

5 Pay Fees

6

Step 3: Application Details > Page 2 of 4

* indicates a required field.

Affirmation of Compliance with Workers' Compensation Law

AFFIRMATION OF COMPLIANCE

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 Department of Labor Standards and the Department of Industrial Accidents. Pursuant to M.G.L. c. 152, §25C(6), the Department of Labor Standards (DLS) must deny the issuance or renewal of a license if the applicant is not in compliance with workers' compensation law.

* 1. I am an employer and the workers that my agency places, assigns, or refers are employees of my business:

☒ Yes ☐ No

Workers' Compensation Certificate of Insurance

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."

Businesses That Do Not Employ Some or Any of the Workers That They Place

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

[Continue Application »](#)

Save and resume later: 

18. If you have to complete Section A, completing required red * fields and Click the **Continue Application** button.

Workers' Compensation Certificate of Insurance

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: *



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

☐

19. If you have to complete Section B, completing required red * fields and Click the **Continue Application** button.

Businesses That Do Not Employ Some or Any of the Workers That They Place

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?: *

--Select--

2a. 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 your workers get 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

Continue Application »

Save and resume later: 

20. Attach the required documents. Below are matrices that explain what documents are required for Licensed Employment and Registered Placement agencies. The matrices also explain all the documents that are conditionally required based on how you answer questions in the application as well.

Licensed Employment Agency Required Document

Step	Page	Document Type	Required	Condition
Step 1: Application Disclaimer	Page 1 of 1	NA		
Step 2: Agency Details	Page 1 of 1	Authorized Signatory Listing	X	NA
		Government Issued Photo ID	X	NA
		Business Certificate		If the "Sole Proprietorship (Owner) or "Partnership LP or LLP (Partnership)" is selected from the Agency contact.
		Certificate of Good Standing		If the "Corporation" or "Limited Liability Company" or "Single Member Limited Liability Company" is selected from the Agency contact and Corporation Organized in "MA more than one year".
		Certificate of Legal Existence		If the "Corporation" or "Limited Liability Company" or "Single Member Limited Liability Company" is selected from the Agency contact and Corporation Organized in "MA more than less year".
		DUA Certificate of Compliance		If the "Corporation" or "Limited Liability Company" or "Partnership LP or LLP (Partnership)" is selected from the Agency contact and Corporation Organized in "MA more than one year" or "Not in MA".
		Foreign Corporation Certificate		If the "Corporation" or "Limited Liability Company" or "Sole Member Limited Liability Company" is selected from the Agency contact and Corporation Organized in "Not in MA".

OCCUPATIONS/JOBS/ENGAGEMENTS
Section

If the "1. Will your business procure or provide temporary or part time employment to any individual(s) who will then work under the supervision or direction of a work site employer?:"=="YES" in the TWRKL and DETERMINATION sub group.

OR

"Below mentioned categories is not selected from this OCCUPATIONS/JOBS/ENGAGEMENTS Table.

1. Administrative
2. Executive
3. Financial Services
4. IT Services
5. Medical/Dental

Job Order
Reference Check
for Domestic
Employees

If the Occupations/Jobs/Engagements type is "Babysitting and Nannies" and if the answer "Yes" to Q.2 or Q.3 of TWRKL Section.

Page 1
of 4

Step 3: Application Details
TWRKL and Determination-License
Details

General Job Descriptions	X	NA
Work Order	X	NA
Client Agreement	X	NA
CORI Request Form	X	NA
Job Application	X	NA
Notarized Affidavits	X	NA
Resume	X	NA
Surety Bond	X	NA
Time Sheets or	X	NA

Vouchers

Wage Agreements
for Workers

X

NA

Disclosure of
Employment
Relationship

If the answer to TWRKL Q.3: Will your business provide domestic employees, that is, any worker who is paid directly by a household, family, or individual to perform work of a domestic nature, including, but not limited to, housekeeping, home management, nanny services, child monitoring, caretaking, laundering, cooking, home companion services, house sitting, and butler services for members of households or their guests in or about private homes is "YES".

Step 3: Application Details

Page 2
of 4

Affirmation of Compliance Section

WC Policy
Certificate of
Insurance

If the answer to Q. 1 or Q.2 of Affirmation of Compliance is "Yes", Certificate of Insurance for a Workers' Compensation Policy is required.

Form 153

If the answer to Q.4 of Affirmation of Compliance is "Yes", You may be required to submit a DIA Form 153. LLC's are NOT required to submit a Form 153.

**Mandatory =
12**

**Conditional =
10**

**If all
conditions are
met 22**

Total

Registered Placement Agency Required Document

Step	Page	Document Type	Required	Condition
Step 1: Application Disclaimer	Page 1 of 1	NA		
Step 2: Agency Details	Page 1 of 1	Authorized Signatory Listing	X	NA
		Government Issued Photo ID	X	NA
		Business Certificate		If the "Sole Proprietorship (Owner)" or "Partnership LP or LLP (Partnership)" is selected from the Agency contact.
		Certificate of Good Standing		If the "Corporation" or "Limited Liability Company" or "Single Member Limited Liability Company" is selected from the Agency contact and Corporation Organized in "MA more than one year".
		Certificate of Legal Existence		If the "Corporation" or "Limited Liability Company" or "Single Member Limited Liability Company" is selected from the Agency contact and Corporation in "MA more than less year".
		DUA Certificate of Compliance		If the "Corporation" or "Limited Liability Company" or "Partnership LP or LLP (Partnership)" is selected from the Agency contact and Corporation Organized in "MA more than one year" or "Not in MA".
		Foreign Corporation Certificate		If the "Corporation" or "Limited Liability Company" or "Sole Member Limited Liability Company" is selected from the Agency contact and Corporation Organized in "Not in MA".

OCCUPATIONS/JOBS/ENGAGEMENTS
Section ASIT Table

If the "1. Will your business procure or provide temporary or part time employment to any individual(s) who will then work under the supervision or direction of a work site employer?:"=="YES" in the TWRKL and DETERMINATION subgroup.

OR

"Below mentioned categories is not selected from this OCCUPATIONS/JOBS/ENGAGEMENTS Table".

1. Administrative
2. Executive
3. Financial Services
4. IT Services
5. Medical/Dental

Job Order

Page 2 of 4

Step 3: Application Details

Affirmation of Compliance Section

WC Policy Certificate
of Insurance

If the answer to Q. 1 or Q. 2 of Affirmation of Compliance is "Yes", Certificate of Insurance for a Workers' Compensation Policy is required.
If the answer to Q. 4 of Affirmation of Compliance is "Yes", you may be required to submit a DIA Form 153. LLC's are NOT required to submit a Form 153.

Form 153

Mandatory = 2

Conditional = 8

Total

If all conditions are met 10

* indicates a required field.

Supporting Documents for Licensed Employment Agency and Registered Placement Agency

All Applicants must attach a minimum of two (2) documents in this section. Documents with an asterisk (*) are required. Be aware that additional documents may be required in order for your application to be considered complete. Once documents are uploaded they cannot be removed. If a document was uploaded in error please upload the correct document.

***Authorized Signatory Listing:** [Authorized Signatory Listing](#) of all people allowed to sign on behalf of the company. (Required for all Business types)

Business Certificate- A copy of the business certificate filed in the city or town Clerks office of the city or town where the business is located.

Certificate of Good Standing - If organized in MA for more than 1 year provide a [Certificate of Good Standing](#) issued by the Secretary of the Commonwealths Office.

Certificate of Legal Existence - If organized in MA for less than 1 year provide a copy of the short form [Certificate of Legal Existence](#), issued by the Secretary of the Commonwealths Office.

***Government Issued Photo ID** - Copy of a U.S. government-issued photo identification (drivers license front and back, passport, resident alien card etc). If partnership, then both partners IDs or presidents and treasurers for corporation.

DUA Certificate of Compliance- A DUA Certificate of Compliance. This Certificate cannot be more than thirty (30) days old at the time this application is submitted. You may check your DUA status and obtain a Certificate of Certificate of Compliance at employer/agent [DUA QUEST](#).

Foreign Corporation Certificate - A corporation transacting business in the Commonwealth of Massachusetts and organized under the laws of a different state must provide a copy of the [Foreign Corporation Certificate](#).

Form 153 - Issued by the Department of Industrial Accidents [exempting corporate officers from workers compensation insurance](#).

Job Order - A written notice given to a job applicant or worker by the agency describing the specifics of the employment, engagement, work assignment, or job.

WC Policy Certificate of Insurance - Current Workers Compensation Policy Information Page showing coverage in Massachusetts and your EMR or DNQ status. If your Policy Information Page does not include your EMR or DNQ status, attach a printout of your EMR or DNQ status from the [Workers Compensation Rating and Inspection Bureau of Massachusetts](#) or a document from your insurance agent confirming same.

The maximum file size allowed is 30 MB.

Name	Type	Size	Latest Update	Action
------	------	------	---------------	--------

No records found.

[Add](#)

Supporting Documentation for Licensed Employment Agency Only

All documents in this section are required if you are applying to be a Licensed Employment Agency. Once documents are uploaded they cannot be removed. If a document was uploaded in error please upload the correct document.

Client Agreement - A written agreement between the agency and the client. This should include the billing rates the agency will charge the client.

CORI Request Form - [Offender Record Information form](#) required for initial licensed employment agencies.

Disclosure of Employment Relationship - Disclosure the employment relationship between the worker and client to all parties.

General Job Descriptions - List the job title, duties, responsibilities, and working conditions.

Job Application - The application the agency will give each applicant.

Notarized Affidavits - Affidavits by two reputable residents of the Commonwealth for each owner, attesting to the owners character.

Reference Check for Domestic Employees - If this is not included within the job application, it can be submitted separately.

Resume - Person who conducts placement activities for the employment agency must show two years of experience as a placement employee, or have been engaged in equivalent personnel management related activities.

Surety Bond - A promise by a surety or guarantor to pay one party (the obligee) a certain amount if a second party (the principal) fails to meet some obligation, such as fulfilling the terms of a contract.

Time Sheets or Vouchers - The time sheet or voucher that will be used by the agency to verify hours worked.

Wage Agreements for Workers - This agreement will be between the agency and the worker. Clearly state the job the worker will perform and the hourly rate paid by the agency to the worker.


Work Order - Describe specific details of the assignment in a Work Order if not included in the Wage agreement for workers.

The maximum file size allowed is 30 MB.

Name	Type	Size	Latest Update	Action
No records found.				

Add

Continue Application »

Save and resume later: 

21. Enter the name of the Authorized Signatory that completed the application. The name of the **Authorized Signatory Hereunto Duly Authorized** text box must match one of the names listed on the Authorized Signatory Listing document attached on the previous page. Click the **Continue Application** button.

Step 3: Application Details > Page 4 of 4

* indicates a required field.

Authorized Signature

AUTHORIZED SIGNATURE

STOP: IF YOU ARE NOT AN AUTHORIZED SIGNATORY FOR THE APPLICANT, DO NOT COMPLETE THIS eSIGNATURE SECTION OF THIS APPLICATION. ONLY AN AUTHORIZED SIGNATORY FOR THE APPLICANT CAN COMPLETE AND E-SIGN THIS APPLICATION.

* Authorized Signatory Hereunto Duly Authorized :

* Title:

Continue Application x

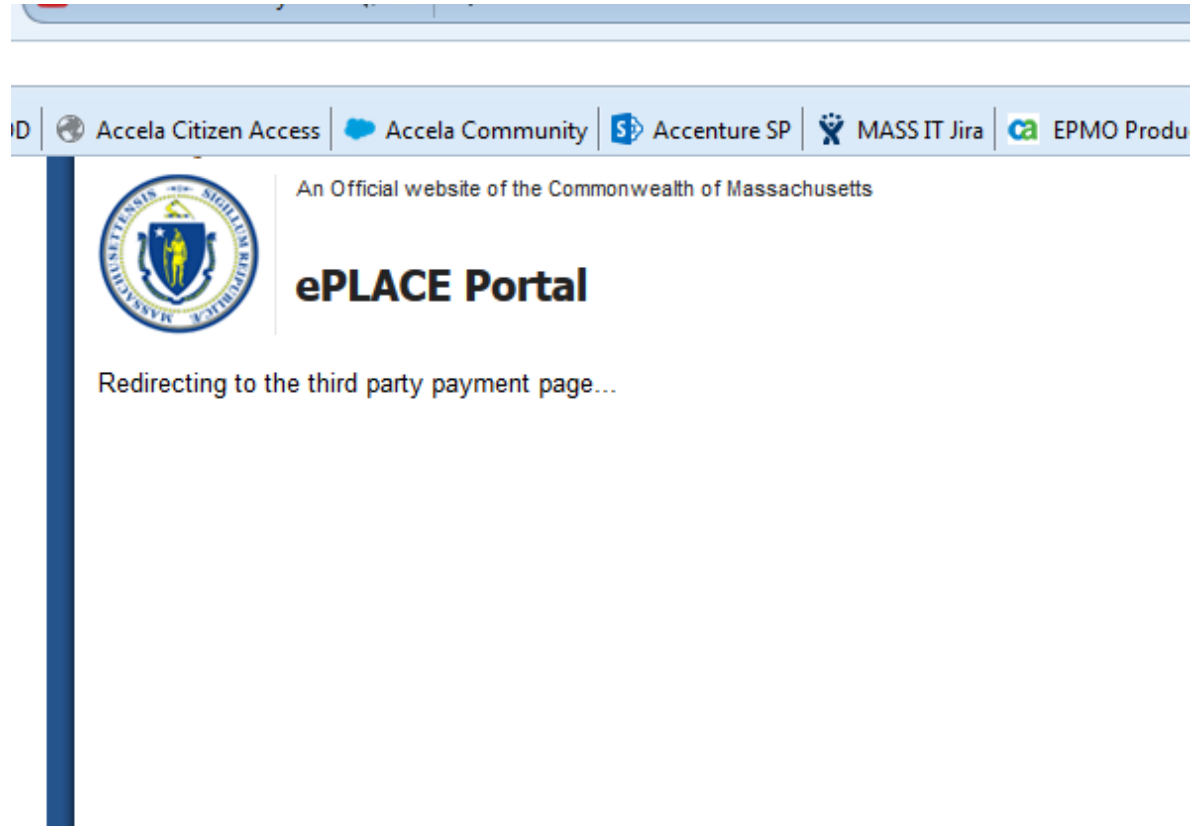
Save and resume later:



22. Review the application details and make any necessary edits. Click the **Continue Application** button.

[illegible]

23. The Review Fees pages displays. Click the **Continue Application** button. You will see a message that says “Redirecting to the third-party payment page...”



24. This takes you to the payment adapter page. Complete the completing required red * fields

Executive Office of Labor and Workforce Development,
Massachusetts Department of Labor Standards

Phone 617-626-530019 Stanford St. 2nd floor, Boston, Massachusetts 02114
[ePlace Portal](#) / [ACH FAQ](#)

Payment

You have elected to pay for the following item(s).

Description	Reference ID	Amount
License/Agency/Employment or Placement/Application	17TMP-000102	\$300.00
		\$300.00
Total Convenience Fee Due:		\$7.05
Total Amount Due:		\$307.05

Billing Information

Enter Company AND/OR First and Last Name below.

Company Name
Enter Company Name

First Name
Enter First Name

Last Name
Enter Last Name

Street
Enter Street

City
Enter City

State/Territory
Select State

Zip
Enter Zip

Phone Number
() -

Email
Enter Email Address

Confirm Email
Enter Email Address

Payment Information

To pay by electronic check, click the ACH tab.

Credit/Debit CardACH

Card Type
Select Card Type

Card Number
TEST MODE

CVV Code
123

Expiration
012017

Check to accept both the Commonwealth of Massachusetts
and nCourt Terms Agreements.
☐ I Accept

Commonwealth of Massachusetts Terms
Agreement

I authorize the charge to my credit card for the amount
shown above. I agree to pay the total amount above
according to the card issuer agreement. By checking the
box below, I certify that I am an authorized user for the
above referenced credit card account.

[nCourt Terms Agreement](#)

Please click the back button to return to your application

Back

Submit Payment

25. After the payment is processed successfully, you are redirected back to Application Submission page. You will also receive two emails. One mail will be from DLS that has a Copy of the Application you just submitted and you will also receive a receipt email from nCourt the payment provider.

[Home](#) [Manage Licenses, Permits & Certificates](#) [File & Track Complaints](#)

[File an Online Application](#) | [Manage My Licenses, Permits & Certificates](#)

Application for Employment License or Placement Registration

1

2 Agency Details

3 Application Details


4 Review

5 Pay Fees

6 Application Submission

Step 6: Application Submission

Receipt

 **Successfully Completed.**

DLS

[2017-00068-INITIAL-APP](#)

Application for
Employment License or
Placement Registration

Sample of Confirmation email with Application

• DLS - Application for Employment License or Placement Registration Recieved 2017-00120-INITIAL-APP

• **Department of Labor Standards** <noreply@MassMail.State.MA.US>
To

Dear Jmac Consulting:

This email confirms receipt of your company's Application for Employment Agency License or Placement Agency Registration with the Department of Labor Standards. You will be notified if additional information is required. For online Applicants, you may check the status of your Application via your EPLACE account.

If you have any questions or concerns, please contact the Employment Agency Program Coordinator at 617-626-6970.


Department of Labor Standards
Employment Agency Program
19 Staniford Street, 2nd Floor
Boston, MA 02114



Complete...pdf

Sample of Receipt fomr nCourt payment provider

- Receipt from nCourt


Payments Made Easy

YOUR RECEIPT >>

Paid To

Name: Executive Office of Labor and Workforce Development, Massachusetts Department of Labor Standards
Address 1: 19 Stanford St. 2nd floor
Address 2:
City: Boston
State: Massachusetts
Zip: 02114

Payment On Behalf Of

Name: Birth Date:
Address 1:
Address 2:
City: State:
Phone: (123) 456-7890 Zip:

Description	ID	Convenience Fee	Amount
License/Agency/Employment or Placement/Application	17TMP-000147	\$4.23	\$180.00

Receipt Date: 3/9/2017 10:19:22 AM EST
Invoice Number: 1fdb971a-97c8-4f22-bc0f-f6a5eaf5e293
Total Amount Paid: **\$184.23**

Billing Information	Credit / Debit Card Information
Name	Card Type MasterCard
Email	Card Number *****MODE
Street	
City	
State/Territory	
Zip	