

## RENEWAL APPLICATION FOR PLACEMENT AGENCY REGISTRATION AND DETERMINATION OF THE APPLICABILITY OF THE TEMPORARY WORKERS RIGHT TO KNOW LAW

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 either 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 the law. Depending on the nature of your business, the TWRKL may apply to your business.

### SECTION I

Agency registration number: \_\_\_\_\_ Agency registration expiration date: \_\_\_\_\_

Agency name

Parent or Affiliate Company name (if applicable)

Street address

Building/Suite Number

City/Town

State

Zip code

Phone Number

Fax Number

Email address

Website

Agency Mailing Address (if different)

Federal Tax Identification Number

This agency is a: ☐ Sole Proprietorship ☐ Partnership, LP, or LLP ☐ Corporation or LLC

### SECTION II

1. Has your agency president, treasurer or manager changed within the past year? ☐ Yes ☐ No

**If YES**, provide name(s) and mailing address(es) on business letterhead; remit with application.

2. Has any of your corporate information changed within the past year? ☐ 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: [www.sec.state.ma.us/cor/coridx.htm](http://www.sec.state.ma.us/cor/coridx.htm)

3. List all types of placement occupations / jobs / engagements to which your agency provides workers:

	<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

4. Does 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

**If the answer to #4 is YES, then your business is a staffing agency under M.G.L. c. 149, §159C and 454 CMR 24.00 and the TWRKL applies to your business.**

**Regardless of whether your answer is YES or NO to question #4, please continue to question #5.**

5. Does your business charge fees to job applicants or workers for procuring or attempting to procure, permanent or temporary employment or engagements? ☐ Yes ☐ No
6. Does 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. ☐ Yes ☐ No

*NOTE: The term "domestic employee" does **NOT** include a person who performs services of a domestic nature as an employee of the business that places him. The term "domestic employee" also does **NOT** include a licensed medical professional, such as a medical doctor, registered or licensed practical nurse, or similarly trained and licensed individual who performs services relating to the delivery of specialized medical care.*

### SECTION III

Placement Agency Registration Renewal Applicants must submit the following documents with this completed application. An application is not complete without the following attachments:

Sole Proprietorship	Partnership, LP, Corporation, LLP or LLC
<input type="checkbox"/> A completed Affirmation of Compliance with Workers' Compensation Law. <b>Form provided.</b>	<input type="checkbox"/> A completed Affirmation of Compliance with Workers' Compensation Law. <b>Form provided.</b>
<input type="checkbox"/> A non-refundable check or money order payable to "The Commonwealth of Massachusetts" for the required annual application fee: \$300 for main office; \$180 for each branch (attach list of names, telephone numbers, addresses, and manager names for each branch being renewed with this application).	<input type="checkbox"/> A Certificate of Insurance from a valid Workers Compensation Policy reflecting the name and address of the business, effective and expiration dates of the policy, and coverage in Massachusetts.
<input type="checkbox"/> If you answered YES to question #4 in Section II of this application, your business is a staffing agency. Please attach a sample job order form (or other documentation) that your agency provides to workers detailing the required information about each work assignment in accordance with 454 CMR 24.08.	<input type="checkbox"/> A non-refundable check or money order payable to "The Commonwealth of Massachusetts" for the required annual application fee: \$300 for main office; \$180 for each branch (attach list of names, telephone numbers, addresses, and manager names for each branch being renewed with this application).
	<input type="checkbox"/> If you answered YES to question #4 in Section II of this application, your business is a staffing agency. Please attach a sample job order form (or other documentation) that your agency provides to workers detailing the required information about each work assignment in accordance with 454 CMR 24.08.

### SIGNATURE(S) OF PERSON(S) SUBMITTING THIS APPLICATION

**By signing below, I hereby certify that the following are true:**

- I / We, the undersigned, do hereby certify that my business has complied with all laws of the Commonwealth of Massachusetts relating to: taxes, reporting of employees and contractors, and withholding and remitting of child support (M.G.L. c. 62C, § 49A(a)); unemployment insurance contributions (M.G.L. c. 151A, § 19A); workers' compensation insurance (M.G.L. c. 152, § 25A and 25C(6)); and classification of employees (M.G.L. c. 149, § 148B). I understand that compliance with these laws may be verified by multiple government entities and that false attestation of compliance may be considered just cause for denial of application and other penalties.
- My business will post the Massachusetts Minimum Wage and Hour Laws poster in a conspicuous place in my/our office. If I/we do not interview or otherwise interact with applicants, referrals, workers, employees, or placements in an office setting, I certify that I will provide a copy of the poster to each such applicant, referral, worker, employee, or placement.

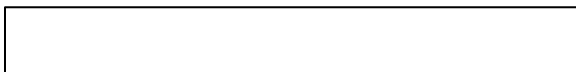
- My business will comply with the requirements of the Employment Agency Law, M.G.L. c. 140, §§46A-46R and 454 CMR 24.00.
- If my business is a Staffing Agency (see Section II, question #4), my business will comply with M.G.L. c. 149, §159C. My business will post the notice of rights under the Temporary Workers Right to Know Law in a conspicuous place(s) and I have attached a sample job order form (or other documentation) that my agency provides to workers detailing the required information about each work assignment in accordance with 454 CMR 24.00.

I declare the above facts and supplemental documentation are true and complete to the best of my knowledge and understand that any false answer(s) will be considered just cause for denial of application or revocation of a license or registration. I understand that the Department of Labor Standards has the right of inspection of any registered or licensed agency at any time and that information contained within this application can and will be verified using resources available to the Department of Labor Standards. I understand that having a valid employment agency license or registration is a requirement of Massachusetts State Law. **Signed under the pains and penalties of perjury.**

Signature	Print name	Print title	Date
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Signature	Print name	Print title	Date
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- *If the agency is a sole proprietorship, the owner must sign;*
- *If the agency is a partnership or LP, both partners must sign;*
- *If the agency is a corporation, LLP or LLC, president and treasurer must sign.*



**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 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.

Name of Business Entity: \_\_\_\_\_

Name of Owner(s) \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

Phone 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 certificate of insurance.
- ☐ 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.

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**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

Agency name, address, phone number:

This is an important notice. Please have it translated.  
 Este é um aviso importante. Queira mandá-lo traduzir.  
 Este es un aviso importante. Sirvase mandarlo traducir.  
 ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG  
 XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY  
 Ceci est important. Veuillez faire traduire.  
 本通知很重要。請將之譯成中文。  
 ទេះគឺជាដំណឹងល្អ សូមមេត្តាបកប្រែជូនផង

## JOB ORDER

Method of delivery ☐ U.S. mail to home address

☐ In person

☐ Electronically to: \_\_\_\_\_

Date delivered: \_\_\_\_\_

Name of job applicant/worker:		Job applicant/worker home street address, City, State, and Zip code:					
Job applicant/worker phone number:		Job applicant/worker e-mail address:		Job order number:		Date of assignment:	
Worksite company name:		Worksite company mailing address:				Is worksite on strike or lockout?	
Name of contact person at work site:		Contact person phone number:		Contact person email address:		Work site address:	
Description and nature of assignment:		Special attire, accessories, tools, protective equipment, training, or licenses required: <input type="checkbox"/> None required <input type="checkbox"/> Yes, specify:					
Special training will be provided for particular job tasks required by the job/if so, provide details:				Transportation to worksite is offered by agency or worksite employer/if so, provide details:			
<input type="checkbox"/> No <input type="checkbox"/> Yes Specify:				<input type="checkbox"/> No <input type="checkbox"/> Yes Specify:			
Start date of the work, assignment, or engagement:		Expected duration of the work, assignment, or engagement:		Start time:		Anticipated End time:	
						Anticipated overtime:	
						Meals are provided by the agency or worksite employer/if so, provide details: <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	
Fees/charges*:		Description:				Total fee/charge amount:	
Special attire, accessories, tools, protective equipment safety equipment						Paid:	
Meals provided by agency or worksite employer						Receipt provided?	
Transportation provided by agency or worksite employer							
Other (Specify )							
*Massachusetts General Law Chapter 149, section 159C limits the fees/charges that may be charged by staffing agencies to job applicants/workers. <b>Agencies should review the law in its entirety to determine the permissibility of such charges. Staffing agencies SHALL NOT deduct fees and charges from a worker's paycheck.</b> In addition, Section 159C requires that a written contract be executed between a staffing agency and job applicant/worker for the payment of any fee for a good or service which clearly states in a language that the job applicant/worker understands that the purchase is voluntary and that the staffing agency will not gain a profit from any cost or fee charged. Attach applicable contract(s) to this job order.							
Rate of compensation or wages to be paid:		Designated pay day:		Employers are required by Massachusetts General Laws c. 152, § 25a to provide Workers' Compensation (WC) insurance coverage for all their employees. List Worker's Compensation carrier name, address, and phone number below:			
\$							
Massachusetts General Law Chapter 149, section 159C requires that staffing agencies provide at a minimum, all of the information listed above. Nothing shall prevent a staffing agency from directing an employee to a job by telephone, but such telephone message shall comply with the disclosure requirements of this section and shall be confirmed in writing by the staffing agency and sent to the employee before the end of the first pay period. The Temporary Workers Right to Know Law is administered by the: <b>DEPARTMENT OF LABOR STANDARDS, 19 STANIFORD STREET, 2<sup>ND</sup> FLOOR, BOSTON, MA 02114; (617) 626-6970.</b>							