



## Renewal Application for Professional Employer Organization (PEO) Certificate Of Registration

Every Professional Employer Organization (PEO) that provides professional employer services within the Massachusetts must be registered with the Department of Labor Standards (DLS) in accordance with M.G.L. c. 149, §§ 192-203 and [454 CMR 30.00](#). A PEO shall register prior to initiating operations within the Commonwealth.

**Renewal Registration requirements. Please provide any changes from the initial application for the following information:**

**Any changes in name(s)** under which the PEO conducts business or will conduct business (attach additional sheets, if necessary):

Name(s): \_\_\_\_\_

Name(s): \_\_\_\_\_

**Address Change** of the PEO principal place of business: \_\_\_\_\_

\_\_\_\_\_

**Address changes of each office** the PEO maintains in Massachusetts (attach additional sheets, if necessary):

\_\_\_\_\_

\_\_\_\_\_

Provide **any changes to all mailing addresses** of the PEO. Persons wishing to use a post office box for mailing or public information purposes must specify to the department the actual address where records will be kept and the business will be conducted (attach additional sheets, if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Change to Parent or affiliate company name (if applicable):** \_\_\_\_\_

Street address: \_\_\_\_\_ Building/Suite number: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website address: \_\_\_\_\_

This PEO is a:  sole proprietorship  partnership, LP or LLP  Corporation or LLC

Taxpayer or employer identification number: \_\_\_\_\_

**Changes in Statement of ownership:**

- If sole proprietorship, provide the following for the **Owner**;
- If partnership, LP, or LLP, provide the following for each **Partner that owns at least 25% of the equity interest of the PEO**;
- If corporation, provide the following for the **President and Treasurer (attach additional sheets if necessary)**:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Title: \_\_\_\_\_

Former business experience:

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**Changes in Statement of management:**

Provide the following information for any person who serves or will serve as president, chief executive officer or otherwise have authority to act as senior executive officer or principal manager of the PEO.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Title: \_\_\_\_\_

Former business experience: \_\_\_\_\_

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***This section is to be completed by PEO registration applicants.***

All records, reports and other information obtained from a PEO for the purposes of this section shall, except to the extent necessary for the department's proper administration of this chapter, be confidential and shall not be published or open to public inspection except to public employees in the performance of their public duties or otherwise in accordance with federal or state law.

***Attachments Required for PEO Registration Renewal Applicants without Assurance***

If you are filing without an assurance by an independent and qualified assurance organization, kindly attach the following required documents to your application for registration:

- A financial statement setting forth the financial condition of the PEO or PEO Group, which shall include, for initial registrations, the most recent audit of the applicant that shall not be more than 13 months old. The financial statement shall be prepared in accordance with generally accepted accounting principles and the audit shall be conducted by an independent certified public accountant licensed to practice in the jurisdiction in which such accountant is located; provided, that a PEO group or a PEO that is part of an organizational structure in which it is majority owned or commonly controlled by an entity, parent or controlling person may submit combined or consolidated audited financial statements to meet the requirements of this section; and provided further, that a PEO that has not had sufficient operating history to have audited financials based upon not less than 12 months of operating history shall demonstrate that they have positive working capital and shall present financial statements reviewed by a certified public accountant.
- A copy of the registrants' standard comprehensive PEO agreement to be used by the PEO.
- Any changes to the client list, including the client name, physical address, telephone number, and federal identification number for whom the PEO is providing professional employer services.
- Any changes to the statement of management for the preceding 5 years, which shall include the name and evidence of business experience of any person who serves or will serve, if known, or reasonably known at time of registration, as President, Chief Executive Officer, or otherwise as the authority to act as Senior Executive Officer of the PEO.
- Any changes to the list by jurisdiction of each name under which the PEO has operated in the preceding 5 years, including any alternative names, names of predecessors and successor business entities.
- An Affirmation of Workers Compensation Insurance (Exhibit A)
- A surety bond filed in the penal sum of \$250,000 payable to, "the People of the Commonwealth," reflecting the address of the PEO office on the bond certificate. **Form on page 5.** Take enclosed form to your insurance agent or broker. (Exhibit B)

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

- I, the undersigned, do hereby certify that to the best of my knowledge and belief the above-named applicant 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, the undersigned, do hereby certify that to the best of my knowledge and belief that the supplemental documentation submitted in support of this application are true and complete and understand that any false answer(s) will be considered just cause for denial of application or revocation of a registration or registration. I understand that DLS has the right of inspection of any PEO at any time and that information contained within this application can and will be verified using resources available to DLS. I understand that having a valid employment PEO registration is a requirement of Massachusetts State Law. **Signed under the pains and penalties of perjury.**

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Signature of Filer

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Print name

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Print title

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Date



## Professional Employer Organization (PEO) Filing Instructions

1. DLS is processing all applications electronically. You will need to submit payment of \$500.00 for the application. You can do this online at <https://www.mass.gov/dls-online-payment>. We accept the following card(s): Discover, MasterCard, Visa, as well as electronic funds transfer from checking or savings bank accounts. This fee is not refundable in the event that this application is denied.
2. After payment is made, please submit the completed application to: [chris.m.mckeen@mass.gov](mailto:chris.m.mckeen@mass.gov).
  - Applications will not be reviewed and renewed earlier than 45 days from the expiration date.