



Application for Uniform Deposit Waiver in Accordance with M.G.L. c. 23 § 1; 454 C.M.R. 27.05 (4)(b)

Pursuant to M.G.L. c. 23 § 1; 454 C.M.R. 27.05 (4) (b), the Director of the Department of Labor Standards may issue a Uniform Deposit Waiver by application.

To apply for this annual waiver, the employer must submit this completed application form, along with a fee of one hundred dollars (\$100). DLS is processing all waivers electronically. You will need to submit payment of \$100.00 for the application. You can do this online at 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.

After payment is made please submit the completed application form to: MinimumWage@mass.gov.

Your application form and fee should be submitted at least 30 days prior to the requested date of applicability.

If you have any questions regarding this application, please contact DLS at (617) 626-6975.



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Please complete this application by printing or typing the information requested. Attach additional sheets, if necessary. All fields must be completed.

1. APPLICANT INFORMATION

Company Name

Telephone Number

Fax Number

Internet Address

Business Location

City/Town

State

Zip Code

Mailing Address (if different from above)

City/Town

State

Zip Code

2. DEMONSTRATION OF NEED FOR A UNIFORM DEPOSIT WAIVER

Please describe the company's need for a Uniform Deposit Waiver.

3. DESCRIPTION OF THE UNIFORM

Do the articles of clothing that comprise the uniform fall within the following definition of a uniform, as contained in the Massachusetts Minimum Wage Regulations, 455 CMR 2.01:

All special wearing apparel whatsoever which is worn by the employee as a condition of employment. It will be presumed that uniforms worn by the employees of any establishment are worn as a condition of employment if such uniforms are of similar design, color, or material and/or form part of the decorative pattern of the establishment of to distinguish the employee as an employee of the place of work.

Yes

No

Were the articles of clothing that comprise the uniform purchased by the employer? If not, please explain.

Yes

No

Please provide a full description of each article of clothing that comprises the uniform:



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Please provide the prices paid by the employer for each article of clothing that comprises the uniform:

Please provide the cost per article of clothing to be charged to employees as a deposit:

4. PRIOR APPLICATIONS FOR UNIFORM DEPOSIT WAIVERS

Please provide a complete listing of all applications for a Uniform Deposit Waiver made by the employer in Massachusetts in the past, including the dates each such application was made and indications as to whether each such application was granted or denied. If granted, the effective dates of each such waiver; if denied, the reasons given for each such denial of a waiver:

5. SEPARATION OF FUNDS COLLECTED AS UNIFORM DEPOSITS

I hereby swear and affirm, under the pains and penalties of perjury, that all uniform deposits collected under the Uniform Deposit Waiver granted by the Director will be kept in an account in the employer's accounting system that is separate and apart from all other accounts.

Signature of Authorized Representative

Print Name

Title Date

6. ATTACHMENT: UNIFORM DEPOSIT AND EMPLOYEE NOTICE POLICY

This application must be accompanied by a Uniform Deposit and Employee Notice Policy drafted by the employer in accordance with section IIB of the Uniform Deposit Waiver Policy dated June 14, 2001, and an annual fee of one hundred dollars (\$100). The fee must be submitted in the form of a money order or check payable to the Commonwealth of Massachusetts.

7. SIGNATURE

I hereby swear and affirm, under the pains and penalties of perjury, that all information contained herein, including all information contained in supplements attached hereto, is true and correct to the best of my knowledge and belief.

Signature of Authorized Representative

Print Name

Title Date