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**STATE OF HAWAII**  
**DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS**  
**PROFESSIONAL EMPLOYER ORGANIZATION (PEO) PROGRAM**  
830 PUNCHBOWL STREET, ROOM 321  
HONOLULU, HAWAII 96813

**APPLICATION FOR PROFESSIONAL EMPLOYER ORGANIZATION REGISTRATION**

Pursuant to Chapter 373L, Hawaii Revised Statutes (HRS), the undersigned hereby makes the following statements for the purpose of obtaining a registration to conduct business as a Professional Employer Organization (“PEO”) in the State of Hawaii:

**Initial Application**                       **Biennium Renewal**                       **Restoration Application**

Every applicant is required to file with the Hawaii Department of Labor and Industrial Relations (the “Department”) a completed application form with the appropriate fee.

Pursuant to Chapter 373L, HRS, effective July 1, 2013, the following fees are applicable:

- |                              |           |
|------------------------------|-----------|
| (1) Initial Registration fee | \$500.00  |
| (2) Biennial Renewal fee     | \$750.00  |
| (3) Restoration fee          | \$1500.00 |

All checks for the above fees shall be made out to the “**State of Hawaii, Director of Finance.**”

**For Renewals**

- |   |           |
|---|-----------|
| Renewals submitted by the expiration date (by June 30, 2018) on the PEO Certificate       | \$750.00  |
| Renewals submitted after the expiration date (after June 30, 2018) on the PEO Certificate | \$1500.00 |

**GENERAL INFORMATION**

For any additional information needed to complete the application, space is provided at the end of this form.

**Name of PEO** \_\_\_\_\_

**Type of business organization:** (check one)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> <b>Sole Proprietorship</b> | <input type="checkbox"/> <b>Corporation</b> | <input type="checkbox"/> <b>S Corporation</b> | <input type="checkbox"/> <b>Partnership</b> |
| <input type="checkbox"/> <b>Limited Partnership</b> | <input type="checkbox"/> <b>LLC</b>         | <input type="checkbox"/> <b>Other</b>         |   |

**Employer Identification Number (EIN):** \_\_\_\_\_

**Department of Labor Number (DOL No.):** \_\_\_\_\_

**General Excise Tax Number:** \_\_\_\_\_

Equal Opportunity Employer/Program  
Auxiliary aids and services are available upon request to individuals with disabilities.  
TDD/TTY Dial 711 then ask for (808) 586-8866

Are you compliant with Hawaii employment security law, including payment of any applicable employer liability pursuant to chapter 383?  Yes  No

Please list names under which PEO conducts or will conduct business:

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**PRINCIPAL PLACE OF BUSINESS**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

**OTHER OFFICES:** (located in Hawaii Only)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

**PRIMARY CONTACT PERSON AND BUSINESS ADDRESS**

Name of Primary Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**LIST OF ADDITIONAL BUSINESS NAMES**

Please provide a list, organized by jurisdiction (City, State, Street Address), of each name under which the PEO has operated in the preceding five years, including any alternative names, names of predecessors, and names of successor business entities:

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**STATEMENT OF MANAGEMENT:**

All persons who constitute a Controlling Person pursuant to Chapter 272L (HRS) must be listed below, along with the applicable and requested information for each Controlling Person. Each registered PEO must have at least one properly identified Controlling Person.

**Controlling Persons Based on Ownership:**

Please provide the below requested information regarding each person who, individually or acting in concert with any other person or persons, owns or controls, directly or indirectly, twenty-five percent or more of the equity interests of the PEO:

Full Name and Address	Phone	% Ownership

**MANAGEMENT:**

Please provide the below requested information regarding any person who serves as President or Chief Executive Officer of the PEO or who otherwise has the authority to act as a senior executive officer of the PEO and execute contracts on behalf of the PEO:

Full Name and Address	Phone	% Ownership

**FINANCIAL INSTITUTION USED FOR PAYROLL**

Financial Institution located in Hawaii: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## **REQUIRED DOCUMENTS:**

Applications submitted without the following documents will be considered “incomplete” and a PEO Certificate will not be issued until all documents are submitted.

1. Please provide a copy of the certificate of authority to transact business in this state, issued by the Director of Commerce and Consumer Affairs, pursuant to Title 23 or Title 23A, if applicable.
2. Please provide proof of valid worker’s compensation coverage in compliance with all laws of this State by providing a copy of Certificate of Insurance.
3. Please provide proof of compliance with the Hawaii temporary disability insurance law by providing a copy of Certificate of Issuance.
4. Please provide proof of compliance with the Hawaii prepaid health care act by providing a copy of Certificate of Coverage.
5. Please provide the name of each client company that is a party to a professional employer agreement with your company in the PEO Client Companies List (Form PEO-3). You may also submit your own list. Each client company name shall be provided to the department within twenty-one days of the initiation of the agreement and within twenty-one days of the termination of the agreement.
6. When submitting your own client company list, please provide the following information for each client company: agreement effective date, company name, company address, NAICS code, number of employees and the town or city where employees are located.
7. Please provide a copy of the Internal Revenue Service Form W-3 that was most recently filed with the federal government.
8. Please provide a surety bond or irrevocable letter of credit equivalent to the required bond amount, which is based on the previous year’s payroll of the professional employer organization based on the Internal Revenue Service Form W-3.
  1. For professional employer organizations with a total payroll up to and including \$25,000,000, a bond or its irrevocable letter of credit equivalent of \$25,000.
  2. For professional employer organizations with a total payroll up to and including \$25,000,001 to \$150,000,000, a bond or its irrevocable letter of credit equivalent of \$75,000.
  3. For professional employer organizations with a total payroll up to and including \$150,000,001 and higher, a bond or its irrevocable letter of credit equivalent of \$250,000.

## **APPLICANT RESPONSIBILITY**

The applicant shall notify the Department as to any material change in any information provided on this application within thirty days of such change by the applicant.

The General Excise Tax exemption under section 237-24.75(3), HRS, shall only apply to PEOs that fulfill and maintain the registration requirements of this application pursuant to Chapter 373L.

**CERTIFICATE OF APPLICANT**

I swear or affirm and certify that I have completed and/or reviewed all information on this form and submitted with this Application, and to the best of my knowledge and belief, all information contained herein is true, correct and complete; and that there are no material omissions of fact which would have a bearing upon the Hawaii Department of Labor and Industrial Relation’s decision to grant the requested registration. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes. I further certify that I grant permission to the Department to verify information provided by Applicant or its Controlling Persons with any federal, state, or local government agency, current, or former employer, insurance company, financial institution or bonding company.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**ADDITIONAL INFORMATION:**

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