

RENEWAL/RESTORATION APPLICATION

DEPT OF LABOR & INDUSTRIAL RELATIONS
PEO PROGRAM
830 PUNCHBOWL ST RM 320
HONOLULU HI 96813

This form is for the renewal of your registration for the next license period JUL 1, 2016 – JUN 30, 2018
Instructions & information are on the enclosed sheet. DO NOT USE THIS FORM AFTER JUN 30 2018.

PROFESSIONAL EMPLOYER ORGANIZATION

REGISTRANT NAME & ADDRESS OF RECORD:

REGISTRANT

PEO REGISTRATION NO.:

DATES

BY REGISTRATION EXPIRATION DATE JUNE 30 16
a TOTAL of \$750.00 is due: *** ON-TIME FEE ***

FEE S

AFTER the REGISTRATION EXPIRATION DATE JUN 30, 2016 AND BEFORE JUN 30, 2018
a TOTAL of \$1500.00 is due: *** LATE FEE ***

Please make check or money order payable to: STATE OF HAWAII DIRECTOR OF FINANCE (DO NOT MAKE MULTIPLE PAYMENTS)

TO BE SUBMITTED BY REGISTRANT:

- 1) Attach a copy of the State of Hawaii Certificate of Vendor Compliance which shows a current COMPLIANT status.
2) Attach a copy of the Internal Revenue Service Form W-3 that was most recently filed with the federal government.
3) Attach a list of the names of each client company that is a party to a professional employer agreement. Use the "Professional Employer Organization - Client Companies" form enclosed.
4) Verification of current 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.

REQUIREMENTS

NAME CHANGE? Provide new legal entity name below and attach a "file stamped" copy of the document filed with the Business Registration Division, Department of Commerce and Consumer Affairs for corporations, partnerships, LLC and LLP.

ADDRESS CHANGED? Provide new mailing address below.

TO BE COMPLETED BY REGISTRANT (Circle your answer and provide additional information where requested):

Have there been any changes to the Statement of Ownership, Statement of Management, or Financial Institution insured by a federal depository insurance agency with branches in the State filed with your original application?.....Yes No
If yes, complete the attached PEO Amendment Form noting all changes.

APPLICANT RESPONSIBILITY

The applicant PEO shall notify the Department as to any material change in any information provided on this application within thirty (30) days of such change by the applicant.

CERTIFICATE OF APPLICANT

I understand that if I fail to renew my registration by the registration expiration date, it shall result in the termination of the registration. I further understand that I may resume practice only after I have met all appropriate restoration requirements.

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 _____