



Wage and Hour Bureau
1101 Mail Service Center
Raleigh, NC 27699-1101
1-800-625-2267

CERTIFICATION OF EMPLOYER FEE PAID STATUS (Annual Renewal Required)

New Application

Renewal Application

1. Full Name of Owner:	2. Date:
3. Agency/Business Name:	4. Full Name of Manager:
5. Mailing Address: (Street/PO Box, City, State, Zip Code)	6. Business Telephone:
7. Email Address:	8. Fax Number:
9. Type of Services Offered: <input type="checkbox"/> Employer Fee Paid Consulting Service <input type="checkbox"/> Temporary to Permanent Placement Service	
10. Type of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
11. Does agency/business have an employee leasing division? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and address if different from above:	
12. Name, address, and telephone number of contact person at corporate, central or franchise office (if different from items 3-6 above):	

13. Pursuant to N.C. General Statutes § 95-47.1(16)(f) and 95-47.15, the undersigned certifies that:
- a. This agency operates on a 100 percent employer fee paid basis. That is, to the best of my knowledge, the applicant will not become liable for the payment of a fee to the private personnel service, either directly or indirectly;
 - b. No applicant placement contract is required; and
 - c. This agency has no recourse against applicants for fee under any circumstances.

Signed _____

Please print or type name _____

Title _____

Certification is required annually. Please visit our website at www.nclabor.com to obtain this form.

PLEASE COMPLETE A FORM FOR EACH NORTH CAROLINA LOCATION