

RENEWAL OF LICENSE APPLICATION

1. Full Name of L	Licensee(s)	Social Security Number(s)						
2. Home Address	s(es)	4. Home Telephone(s)	4. Home Telephone(s)					
5. Business Nar	ne/Address	6. Business Telephone	6. Business Telephone / Fax Number					
7. Type of Servi	ce: Private Personnel Service	8. Email Address	8. Email Address					
9. Service is: Sole Proprietorship Partnership Corporation								
	, name and address of each partner: e and address of corporate officers and	d any abarahaldara whaca awaarah	in in 10 percent or more:					
Title	Name	any shareholders whose ownersh	Address	% Ownership				
President								
Vice-President								
Secretary								
Treasurer								
Director								
Shareholder								
Shareholder								
Shareholder								
12. Name of person responsible for direction and operation of the placement activities of service (i.e., manager)								
13. Does owner, If yes, name of bu	director, or manager of service have a usiness, location, and type of interest:	ny additional business interest:	□ Yes	□ No				
14. Does service If yes, name and	have a temporary division? address	□ Yes	□ No					
15. Does service If yes, name and	have an employee leasing division? address:	□ Yes	□ No					

If additional space is needed to provide more information to any of the above questions, please include a separate sheet.

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(continued)

- 16. Pursuant to our administrative rules, this application:
 - a. shall include all material changes in the operation of your private personnel service that are different from your application for initial license or license renewal, whichever is more recent; and
 - b. must be signed before a notary public.

	Signed _.	 		
		 Please p	print or type name	
		 	Title	
Sworn to and subscribed before me this the day of		 20	-	
				Notary Public
			My commission e	xpires

Renewal is required annually. The completed form must be returned to the above address within 14 days of receipt.