



# Alliance Application

Date of Request \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Your Organization's Information

Company:	_____		
Physical Address:	_____		
City:	_____	State: _____	Zip: _____
Mailing Address:	_____		
City:	_____	State: _____	Zip: _____
Phone:	( ____ ) ____ - ____	Fax:	( ____ ) ____ - ____
# of Employees:	_____	# of Members:	_____

## Your Contact Information

Company:	_____		
Physical Address:	_____		
City:	_____	State: _____	Zip: _____
Mailing Address:	_____		
City:	_____	State: _____	Zip: _____
Phone:	( ____ ) ____ - ____	Fax:	( ____ ) ____ - ____
E-Mail Address:	_____		

## Your Organization's Structure (Check All That Apply)

<input type="checkbox"/> Contractor	<input type="checkbox"/> Private Sector
<input type="checkbox"/> Insurance Company	<input type="checkbox"/> Public Sector
<input type="checkbox"/> Not for Profit	<input type="checkbox"/> University / College
<input type="checkbox"/> Other: _____	

## Brief Overview Of Your Organization

## GENERAL INFORMATION

1. Please provide a brief summary of what you hope to gain from an alliance with the N.C. Department of Labor (NCDOL)

2. What benefits will you provide to NCDOL as part of this agreement?

☐ By checking this box, I certify that all the information above is accurate.

Please email this form to [marcy.collyer@labor.nc.gov](mailto:marcy.collyer@labor.nc.gov).