Division of Labor Standards
Permit and Certificate Unit, Room 266A
State Office Campus, Building 12
Albany, NY 12240

Application for Agency Manager Permit

1. Name of Applicant	Home Address	No.	Street	City	State	Zip Code

2. Name of Employment Agency	Location	No.	Street	City	State	Zip Code

3. List each employer for whom you worked as a placement employee, vocational counselor or in related business activities, include self-employment.
Give length of time worked for each employer and the duties performed for each. List last employer first.

Name and Address	Date Started	Date Ended	Duties: Give detailed listing, showing percent of time spent at interviewing and counseling applicants; screening, selecting and placing employees; soliciting and obtaining job orders; preparing job descriptions, etc., and time spent on non-related placement duties. Give name and title of immediate supervisor.

4. In relation to your business affiliations and/or activities, was any license to conduct a business ever denied, cancelled, suspended, revoked or surrendered? ☐ Yes ☐ No "Yes", give details and reasons in #5.

Date Of Action	Name and Address of Business (City, Town, Village and State)	Type Of Business	Reason for Denial, Etc.

5. Were you ever convicted of any crime or offense other than a traffic infraction? ☐ Yes ☐ No If "Yes", give full details.

Offense	Date Convicted	Where Convicted (City and	Penalty and/or Fine Imposed

Application must be accompanied by:

a) Two completed statements of character
b) A copy of your receipt from L1 Enrollment Service for the required fingerprint search and verification report (See "fingerprinting" sheet for instructions including fees.)

The statements made in this application are subscribed and affirmed by me as true under the penalty of perjury.

I, the undersigned, hereby solemnly certify that the above statements and representations constitute a true and accurate account, and I authorize you to obtain such information as you may require concerning same. In consideration of the granting this permit, I agree to faithfully perform all acts and duties and comply with all terms, conditions, provisions and requirements of the Employment Agency Law as amended, and any rules adopted by the Commissioner of Labor pursuant thereto.

Dated: _____ By _____
(Signature of Agency Manager Applicant)

I hereby certify that _____ the person designated to direct and operate
(Name of Applicant)

the placement activities of _____
(Name of Agency)

Dated: _____ By: _____
(Signature of Owner, Partner or Officer)