

STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
APPLICATION FOR CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR

1. APPLICANT INFORMATION: (Please Type or Print Clearly)

*Applicant's Business Name _____

Address _____

City/State/Zip Code _____

DBA/Trade Name _____

* Business name must be the same name submitted with the applicant's bid or proposal.

2. IDENTIFICATION NUMBER(S): (Complete Applicable ID Numbers)

Department of Labor ID# _____

Federal Employer ID# (FEIN) _____

3. APPLICANT IS: (Check Only One Box)

- CORPORATION S CORPORATION TAX EXEMPT ORGANIZATION
- INDIVIDUAL (SOLE PROPRIETOR) PARTNERSHIP ESTATE TRUST
- LIMITED LIABILITY COMPANY LIMITED LIABILITY PARTNERSHIP
- SINGLE MEMBER LLC WHO IS SEPARATE FROM OWNER (ENTER FEIN)

4. EMPLOYEES:

(a) Do you currently have any employees performing services in the State of Hawaii?

- YES NO*

*If answered "no", please complete question 4(b).

(b) Will you in the future have any employees performing services in the State of Hawaii?

- YES* NO

*If answered "yes", please complete below.

Date of Employment _____

Scope of Services _____

Length of Employment _____

| |
|--|
| FOR OFFICE USE ONLY |
| BUSINESS START DATE IN HAWAII IF APPLICABLE |
| / / |
| DLIR Log No. _____ |
| Date Received _____ |
| Unemployment Insurance Division Approval Stamp |
| |
| Disability Compensation Division Approval Stamp |

NOTE: If this application is stamped "PENDING", another LIR#27 must be submitted when employees are performing services in the State to determine compliance with the State of Hawaii labor laws. Approvals by both divisions constitute a certificate of compliance with labor laws based on information available to the department as of the approval dates. THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.

UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

PLEASE TYPE OR PRINT CLEARLY.

SEE BELOW FOR FILING INSTRUCTIONS. Failure to provide above required information on this application will result in a denial of this request.

5. SIGNATURE:

| | | | |
|---------------------------------|---------------|--|--------------|
| _____ PRINT NAME Executor | | _____ PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, | |
| _____ SIGNATURE | _____ DATE | _____ TELEPHONE | _____ FAX |

**FILING INSTRUCTIONS FOR THE
CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR**

Applications are available at the addresses below and can be downloaded from the Department of Labor and Industrial Relations website (www.dlir.state.hi.us). On the DLIR website scroll down to Employer Forms and click on LIR #27.

SUBMIT (mail, fax, or deliver) completed application **only to** the Department of Labor and Industrial Relations, **ADMINISTRATIVE SERVICES OFFICE***. Allow up to 7 business days for processing.

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|---|--|---|
| * Administrative Services Office 830 Punchbowl St., Rm. 309 Honolulu, HI 96813 Ph: (808) 586-8888 Fax: (808) 586-8899 | Unemployment Insurance Division 830 Punchbowl St., Rm. 437 Honolulu, HI 96813 Ph: (808) 586-8913 or 586-8914 Fax: (808) 586-8929 | Disability Compensation Division 830 Punchbowl St., Rm. 209 Honolulu, HI 96813 Ph: (808) 586-9161 Fax: (808) 586-9219 |
| East Hawaii District Office 75 Aupuni St., #108 Hilo, HI 96720 Ph: (808) 974-6464 Fax: (808) 974-6460 | West Hawaii District Office Ashikawa Building 81-990 Halekii St., #2087 Kealahou, HI 96750 Ph: (808) 322-4808 Fax: (808) 322-4813 | |
| Maui District Office 2264 Aupuni St. Wailuku, HI 96793 Ph: (808) 984-2078 Fax: (808) 984-2071 | Kauai District Office 3060 Eiwa St., #202 Lihue, HI 96766 Ph: (808) 274-3351 Fax: (808) 274-3355 | |