

PROFESSIONAL EMPLOYER ORGANIZATION REQUEST FOR REGISTRATION

A. TYPE OF REQUEST (Check One)

Individual Professional Employer Organization (PEO)

Initial (\$1,500 fee) Renewal (\$1,000 fee)

Professional Employer Organization Group (PEO Group)

Initial (\$1,500 fee) Renewal (\$1,000 fee)

B. GENERAL INFORMATION (To be completed by individual and group applicants)

1. Name of individual PEO or of parent organization (applicant) that has majority ownership of all members of the Group.

2. Additional names, if any, under which the PEO currently conducts business.

3. Type of business organization (check one)

Corporation Sole Proprietorship Partnership

Limited Liability Company Limited Liability Partnership

4. CT State Tax ID Number: _____

5. CT Unemployment Insurance Employer Registration Number: _____

6. Federal Employer Identification Number (FEIN): _____

7. Complete physical address of Principal Place of Business:

8. Mailing address, if different:

9. Telephone, fax, and email address of Principal Administrative Office:

Telephone:

Fax:

Email:

Professional Employer Organization – Request for Registration (cont'd)

10. List the current address of each additional office the individual PEO or parent organization maintains in Connecticut:

11. Fiscal year starts _____ and ends _____

C. PEO OWNERSHIP INFORMATION

1. Provide information of any person that individually or acting in concert with one or more other persons, owns or controls or will control, directly or indirectly, 25% or more of the equity interest of the Applicant.

Name	Address	Social Security #	Title	% of Voting Interest

List below evidence of business experience for the last four years for each person listed above, identify management and supervisory positions, including President, Chief Executive Officer and person with authority to act as senior executive officer.

Name:	Employer & Address:	Date From/To	Telephone No.
Brief Description of Responsibility:			
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Brief Description of Responsibility:			

Professional Employer Organization – Request for Registration (cont'd)

2. List by jurisdiction each name under which the applicant has operated in the preceding 5 years, including any alternative names, names of predecessors, the name of the immediate successor business entity and, if known, any other successor business entities.

D. LIST OF ALL CLIENTS OF THE PEO OR THE PEO GROUP

List all client companies (**Please use a separate sheet**)

For each client company include:

Client company name
 Client company address (physical location)
 Client company state tax ID number, and
 Connecticut Unemployment Insurance Employer Registration Number

E. FINANCIAL STATEMENTS

For PEO or PEO group that has conducted business prior to January 1, 2009 and has working capital of \$150,000, complete Attestation of Financial Statement and include the most recent audit that was conducted no earlier than 13 months prior to the date of application (**PEO-2**)

For PEO or PEO group that has not had sufficient operating history to have audited financial statements based on at least 12 months of operating history, complete Attestation of Financial Statement for an applicant that has not had sufficient operating history to have audited financial statements based on at least 12 months of operating history. (**PEO-3**)

If this is a renewal, please submit the audit for the preceding fiscal year and notice of any changes in the information provided in the applicant's immediately preceding application. (**PEO-2**)

In lieu of the above financial statements, the Professional Employer Organization or Professional Employer Organization Group shall provide a bond, irrevocable letter of credit or securities with a minimum market value of \$150,000 to the department. (**PEO-8**)

F. GROUP INFORMATION (TO BE COMPLETED ONLY BY GROUP APPLICANTS)

List all the Professional Employer Organizations in the group. Include the FEIN and address for each PEO. Use additional paper if necessary.

PEO	FEIN	ADDRESS

Professional Employer Organization – Request for Registration (cont'd)

1. Additional names, if any, under which the PEOs conduct business:
2. List the addresses of each additional office each member of the group maintains in Connecticut.
3. Other than the addresses listed in #2, list the addresses of each office maintained by each member of the group in Connecticut during the past five years. Include any other names used and names of predecessors and successors, if known. Use additional paper if necessary.
4. The group may satisfy the reporting and financial requirements on a combined or consolidated basis provided each member of the group guarantees the obligations under Section 31-221a *et seq.* of the Connecticut General Statutes of each member of the group. **(PEO-6)**