



Wage & Hour Bureau
 1101 Mail Service Center
 Raleigh, NC 27699-1101
 (919) 807-2796

NOTIFICATION BY TEMPORARY HELP SERVICE

New Application

Renewal Application

1. Full Name of Owner:	2. Date:
3. Agency/Business Name:	4. Full Name of Manager:
5. Mailing Address: (Street/PO Box, City, State, Zip Code)	6. Business Telephone:
7. E-mail Address:	8. Fax Number:
9. Type of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
10. Does agency/business have an employee leasing division? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and address if different from above:	
11. Name, address, and telephone number of contact person at corporate, central or franchise office (if different from items 3-6 above):	

12. Pursuant to North Carolina General Statutes §95-47.1(16)c and 95-47.14 the North Carolina Department of Labor is hereby notified that this service:

- a. Operates only as a temporary help service;
- b. Establishes an employer-employee relationship with its temporaries; and
- c. Does not operate as a private personnel service, employer fee paid personnel consulting service, or temporary to permanent placement service.

Signed _____

Please print or type name _____

Title _____

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

PLEASE COMPLETE A FORM FOR EACH NORTH CAROLINA LOCATION