



# State of New Hampshire

## Department of Labor

Hugh J. Gallen  
State Office Park  
Spaulding Building  
95 Pleasant Street  
Concord, NH 03301  
603/271-3176  
TDD Access: Relay NH  
1-800-735-2964  
FAX: 603/271-6149  
<http://www.nh.gov/labor>

### EMPLOYEE LEASING APPLICATION

- Initial Application       Renewal Application  
 1 Year  
 2 Year

**Application Filing Fee: \$100.00**

**Licensing Fee: \$500 or the amount required by domiciled state, whichever is greater**

Please provide the amount of license fee required in applicant's domiciled state: \_\_\_\_\_

Application Date: \_\_\_\_\_

Name of Leasing Company Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Federal Identification Number: \_\_\_\_\_

Applicant's Affiliated Companies (if any): \_\_\_\_\_

Please provide the following information for the designated contact to the Leasing Company Applicant:

Name of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

1) Does the applicant leasing company pay for workers' compensation insurance for the leased employees?

Yes  No

If yes, please provide the following information:

Carrier Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

2) If the applicant leasing company is not a New Hampshire domiciliary, is a copy of the applicant's employee-leasing license or registration issued by its state of domicile attached? (If no license or registration is issued by that state, then a certificate or letter of good standing is sufficient.)

Yes  No

3) If the applicant is domiciled in New Hampshire, is a written safety summary form as required by RSA 281-A64:II on file with the Department of Labor? Yes  No

If the applicant is domiciled in New Hampshire and answers no, a written safety summary form must be submitted with this application for the application to be complete.

4) Please list the names and business addresses of all principals, owners, shareholders, partners, officers, managers or persons and principal owners of any entities who own 10% or more of the applicant or exercises the power to control day to day operations:

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5) Please provide a description of any additional businesses operated by the individuals identified in Question 4 of the application within the five years prior to the date of this application. Has applicant's leasing license been suspended or limited in any other jurisdiction?

Yes       No

If yes, please provide explanation of the suspension or limitation, inclusive of timeframe and jurisdiction:

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6) Has applicant failed to pay employee wages, benefits, federal payroll taxes, state payroll taxes, or unemployment compensation contributions when due in New Hampshire or any other jurisdiction?

Yes       No

If yes, please provide explanation, inclusive of identification of applicable jurisdiction:

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7) With the exception of minor traffic violations, has any individual identified in Question 4 of the application ever been convicted of any crime which has not been annulled by a court, subject to state or federal levy, or filed for bankruptcy?

Yes  No

If yes, please provide an explanation inclusive of jurisdiction where the crime, levy or bankruptcy occurred:

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Please note that a New Hampshire criminal background check must be completed and received in the Department for each individual listed in Question 4 of the application for the application to be complete. Please contact New Hampshire Department of Safety for further instruction on how to complete and submit the criminal background checks.

8) Has any person identified in Question 4 of the application ever been declared bankrupt, or made an assignment for the benefit of creditors?

Yes  No

If yes, please provide an explanation:

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9) Does the applicant leasing company have client companies in the State of New Hampshire?

Yes  No

If yes, please attach a list of all New Hampshire clients and date they became a client.

10) Does the applicant leasing company have an employee manual that notifies all leased employees that they are leased employees?

Yes  No

If yes, please attach a copy of the employee manual to this application.

If no, please explain:

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11) Does the applicant leasing company provide an employee grievance system for employees employed by the leasing company?

Yes  No

If yes, please attach a copy of the employee grievance system to this application.

If no, please explain:

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12) Does the applicant leasing company offer health insurance to leased employees?

Yes  No

If yes, please check all that apply:

- Policy is issued by an insurance carrier admitted to write such coverage in this state
- The plan has been qualified as a single employer plan under the provisions of ERISA

13) Is applicant leasing company a subsidiary of a parent company?

Yes  No

If yes, please attach a completed Leasing Company Parent Company Agreement to this application.

14) Are the applicant leasing company letters of good standing from New Hampshire Employment Security and New Hampshire Department of Revenue Administration attached to this application?

Yes  No

If no, please explain.

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15) Is the applicant leasing company required to hold any additional license issued by a State or Federal agency relative to its operations?

Yes  No

If yes, please attach a copy of all required licenses to this application.

16) Proof of working capital in an amount of \$100,000 is required by RSA 277-B:6, I for completion of this application. Please attach the applicant leasing company's most recent audited financial statement for an audit performed no more than 13 months before the date of the application or renewal and prepared by a certified public accountant showing working capital in the requisite amount to this application.

17) In accordance with RSA 277-B:5, VI, please certify below that the applicant leasing company does not conduct a temporary help service through the same entity as the applicant leasing company or commingle funds with a temporary help service operated through an associated entity.

\_\_\_\_\_ certifies that it does not conduct temporary help services or commingle funds with temporary help services operated through an associated entity.

To complete this application, the applicable licensing fee must be included with the application.



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ANSWERS TO ALL QUESTIONS MUST BE ACCURATE AND COMPLETE. INFORMATION OBTAINED THROUGH INVESTIGATION SHOWING MISSTATEMENTS, INCLUDING ANY INCOMPLETE ANSWERS IS SUFFICIENT CAUSE FOR REJECTION OF THIS APPLICATION AND MAY FORM THE BASIS FOR A REVOCATION OR SUSPENSION OF ANY LICENSE ISSUED HEREUNDER.

I \_\_\_\_\_, the duly authorized \_\_\_\_\_ of the applicant hereby certify that the above answers and all documentation submitted with this application are complete and true to the best of my knowledge and belief. All statements are made under penalty for false swearing.

\_\_\_\_\_  
Name of Applicant

By: \_\_\_\_\_  
Name of its duly authorized \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me,  
the undersigned officer, personally appeared \_\_\_\_\_,

known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Notary of Public \_\_\_\_\_ My Commission expires: \_\_\_\_\_