

Employer Certificate Combined Application

A. Type of Request (check one)

New **Renewal**

B. Employer Information

Employer name: _____

Type of business organization (check one): Corporation Sole Proprietorship Partnership
 Limited Liability Company Limited Liability Partnership

Employer FEIN: ____ - ____ - ____ - ____ - ____ - ____

Permanent Address: _____ City: _____

State/Province/Region: _____ Postal zip code: _____ Country: _____

Phone: (____) ____ - _____

Mailing address (if different): _____ City: _____

State/Province/Region: _____ Postal zip code: _____ Country: _____

Phone: (____) ____ - _____ Fax: (____) ____ - _____ Email: _____

C. Fees (check one)

Theater Capacity (1 to 499 Seats)

All Others

Initial Registration Fee-\$200

Initial Registration Fee-\$350

Renewal Fee-\$200

Renewal Fee-\$200

D. Submission Instructions

A Certificate of Eligibility to Employ Child Performers must be obtained prior to employing any child performer. Certificates are renewable every three (3) years. To obtain or renew a certificate:

- Complete this application.
- Attach proof of New York State Workers' Compensation and Disability Insurance.
 - If you currently have employees in New York, you must provide proof of coverage for those New York State workers by attaching copies of Form C-105.2 and DB-120.1, obtainable from your insurance carrier; or
 - If you are currently exempt from this requirement, complete Form CE-200 attesting that you are not required to obtain New York State Workers' Compensation and Disability Insurance Coverage. Information on and copies of this form are available from any district office of the Workers' Compensation Board or from their website at: www.wcb.ny.gov Click on "WC/DB Exemptions," then on "Request for WC/DB Exemptions."
- Attach a check for the correct amount from Section C, made payable to the Commissioner of Labor.

- Mail this completed application **and all required documents** to:

New York State Department of Labor
Division of Labor Standards
Permit and Certificate Unit
1220 Washington Ave.
Building 12, Room 185B
Albany, NY 12226

If you have any questions, call (518) 457-1942, e-mail CPinfo@labor.state.ny.us, or visit the Department's website at www.labor.ny.gov.

E. Employer Responsibilities

Among the responsibilities of employers of child performers are:

Trust Account

New York State law requires that a child performer's employer transfer fifteen percent (15%) of a child performer's gross earnings for placement into a trust for the child performer established by the child performer's parent/guardian. In order to do this the employer must:

- Obtain from the child performer's parent/guardian or custodian the information required to make the transfers.
- Transfer the appropriate amounts for placement into the trust account.
 - When the employment contract is for 30 days or less, transfer 15% of gross earnings within thirty (30) days following the final day of the child performer's employment.
 - When the employment contract is for longer than 30 days, transfer 15% of gross earnings at the end of each payroll period.
 - By request of the parent/guardian or custodian, the amount transferred can be increased to more than 15%.
 - If the parent/guardian or custodian has not provided the necessary information within 15 days of the start of employment, or no such account has been established, transfer the money together with the child performer's name and last known address to the State Comptroller for placement into the child performer's holding fund. The State Comptroller may be contacted at (518) 486-1255.

Academic Performance

New York State law requires that all child performers maintain satisfactory academic performance as determined by their school of enrollment. Whenever a child performer is not receiving instruction as required by New York State Education law due to his/her employment schedule, the employer must:

- Provide a teacher, who either is certified or has credentials recognized by the State of New York, to provide the required instruction.

Certificates and Permits

New York State law requires that all employers of child performers have a valid Certificate of Eligibility to Employ Child Performers from the Department and that all child performers they employ have a valid Employment Permit for a Child Performer from the Department. Therefore, the employer must:

- Obtain a Certificate of Eligibility to Employ Child Performers (valid for three years) prior to employing any child performers.
- Renew this certificate prior to expiration.
- Make sure all child performers it employs have a valid Employment Permit for a Child Performer.
- Keep copies of all relevant certificates and permits on file and available for inspection at the location of employment.

Other Requirements

- Maintain appropriate New York State Workers' Compensation/Disability Insurance and Unemployment Insurance Coverage; and
- Observe Safety, Health, Wage and Hour laws.

F. Declaration

I, the undersigned, affirm that I am authorized to submit this application on behalf of:

(Employer name)

The employer agrees to abide by all laws, rules and regulations covering the employment of child performers including the responsibilities listed above.

I affirm that the information in this application and all attachments is complete and accurate to the best of my knowledge.

By filing this application, I authorize the Unemployment Insurance Division to release the records of:

_____ to the Division of Labor Standards.

(Employer name)

Authorized Representative Signature

___ / ___ / ___
Date

Authorized Representative Name (Please Print)

Title

Verification of Workers' Compensation/Disability Insurance Coverage

To be completed by Payroll Services
for applicants for Certificates of Eligibility to Employ Child Performers
and submitted with the application along with
forms C-105.2 and DB-120.1 from insurance carriers.

The employees of (enter name and address of applicant)

are covered under the Workers' Compensation Policy Disability Insurance Policy of
(enter name and address of the Payroll Service whose policies cover the employees of the applicant listed
above)

I, the undersigned, affirm that I am authorized to submit this verification on behalf of the applicant and
Payroll Service shown above.

I certify under penalty of perjury that the information in this verification and all attachments is complete and
accurate to the best of my knowledge.

Authorized Representative Signature

___/___/___
Date

Authorized Representative Name (Please Print)

Title