



STATE OF NEW HAMPSHIRE

DEPARTMENT OF LABOR

PO BOX 2076
CONCORD, NH 03302-2076

School _____

School Coordinator _____

Telephone _____

Submit to: NH Department of Labor
PO Box 2076
Concord, NH 03302-2076

FORMAT FOR SUBMITTING BUSINESS PARTNER NAMES FOR PRE-SCREENING BY DOL

BUSINESS NAMES MUST BE SUBMITTED IN THE FOLLOWING FORM:

Once received, the Department of Labor will review the organization’s compliance with regulated safety requirements, a review of their loss history and any other labor violations. The department will return these “pre-screened” lists to the school district with “reasons for rejection” as indicated. If the business named has any questions or concerns, they should contact Cynthia Flynn at (603) 271-3176.

Business Name: _____ Federal I.D. Number: _____

Address: _____

City/Town: _____, NH

Number of Employees: _____

Contact Name: _____

Telephone #: _____

DOL AUTHORIZATION: ____ Yes ____ No

Reason for rejection: _____

DOL authorized signature: _____

Date: _____