

**State of New York  
WORKERS' COMPENSATION BOARD**

**INITIAL APPLICATION FOR LICENSE TO APPEAR ON BEHALF OF CLAIMANT**  
under Section 24-a of the Workers' Compensation Law & Rules with respect to granting  
Licenses to Representatives of Claimants. CHECK ONE:  With Fee  Without Fee

Applicants failure to disclose fully and accurately any fact or information called for by any question may result in the denial of the application for a license, or, if applicant shall have been licensed before the discovery thereof, in the revocation of his/her license.

1. Name (first, middle, last) \_\_\_\_\_

Have you ever been known by any other name?  Yes  No If yes, state other name(s):  
\_\_\_\_\_

2. Home address(es) during past five years (enter present address first):

Street, City, State	From	To

Home Telephone Number (\_\_\_\_\_) \_\_\_\_\_

3. Business or Occupation during past 5 years (including self-employment). Give present business first:

From	To	Employer	Address	Salary

Telephone No. during regular business hours (\_\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_\_) \_\_\_\_\_

4. Which address and telephone number would you prefer to have appear on the Board's list of licensed representatives? (Check one only)  Residence  Business

5. Social Security No. \_\_\_\_\_ Federal Employer ID No. (if any) \_\_\_\_\_  
(See Privacy Notification on Page 4. If you have **neither** number, explain on Page 4.)

6. Citizenship:  United States of America  Other \_\_\_\_\_  
If naturalized, give date and place of naturalization \_\_\_\_\_  
If permanent resident alien, give registration no. and date \_\_\_\_\_

7. Are you over 18 years of age?  Yes  No

8. What special training or experience has, in your opinion, particularly qualified you to appear on behalf of claimants before the Workers' Compensation Board? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. 

Education	Graduate?
Elementary School:	<input type="checkbox"/> Yes <input type="checkbox"/> No
High School:	<input type="checkbox"/> Yes <input type="checkbox"/> No

College, University or Technical School(s) Attended	From	To	Degree

10. a. Have you any other license, certificate, or authorization to practice a trade or profession?  
 Yes    No

b. Have you been admitted to the Bar as an attorney (or its equivalent) in any state, territory or dependency of the United States or any foreign country?    Yes    No

If you answered Yes to either a. or b. above, give details: \_\_\_\_\_  
 \_\_\_\_\_

11. a. Have you had a license, certificate, or other authorization to practice a trade or profession revoked, suspended, or subject to other disciplinary action?    Yes    No

b. Have you been disbarred, or has your license to practice law been revoked or suspended?  
 Yes    No    N/A

c. If you answered Yes to either a. or b., attach a statement giving all details in reference to such disbarment, revocation and/or suspension.

12. Have you ever been convicted of a crime?    Yes    No   If Yes, give details: \_\_\_\_\_  
 \_\_\_\_\_

Are there any criminal charges now pending against you?    Yes    No   If Yes, give details:  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Do you have any arrangement with any health care provider(s) in order to facilitate handling of workers' compensation claims?    Yes    No   If Yes, give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Do you have any arrangement with any labor organization regarding representation of their members in workers' compensation claims?    Yes    No   If Yes, give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Have you ever been employed in any public agency?    Yes    No   If Yes, give agency name, your title, and dates employed: \_\_\_\_\_  
 \_\_\_\_\_

16. Do you own any stock in an insurance company?    Yes    No.   If Yes, give details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. Name five character references, in the following fields, who have known you for at least five years. (Name only persons who have had a reasonable opportunity to form an opinion of your character, competence, and integrity during the period of acquaintance indicated.)

Field	Name	Address	No. of Years
Business or Professional			
Social			
Family Life and Neighborhood			

18. Approximately how many claims, if any, have you handled before the Workers' Compensation Board (WC Law Judges and Board Panels) during the last completed calendar year? \_\_\_\_\_

State of New York )  
 )  
 ) SS:  
 County of \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, deposes and says that I am the applicant; that I have duly read and signed the foregoing application; that all the matters contained herein are true, excepting as to such matters therein stated to be alleged on information and belief and those matters I believe to be true. In addition, I hereby authorize duly designated employees of the Workers' Compensation Board to make inquiry into and obtain disclosure of any information required to obtain verification of any statement made in this application.

\_\_\_\_\_  
 Signature of Applicant

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**NOTARY'S STAMP**

\_\_\_\_\_  
*Notary Public*

**Applicants Without Fee: Secure and attach to this application the following documents:**

**Copy of resolution of organization designating you as its duly authorized representative as provided for under Section 24-a of the Workers' Compensation Law and the Rules with respect to granting licenses to representatives of claimants, setting forth basis of remuneration or salary to be paid to you.**

**A certification to such resolution, executed by the President and Secretary of said organization together with the seal of said organization.**

