

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

**INITIAL APPLICATION BY EMPLOYEE OF LICENSEE UNDER SECTION 50 3-b or 50 3-d  
TO APPEAR BEFORE THE WORKERS' COMPENSATION BOARD**

If additional information is needed, call the Licensing Unit at (1-800) 664-2379.

**Licensee**

**License No.**

Company/Individual \_\_\_\_\_

Address \_\_\_\_\_

*The undersigned hereby applies to the Workers' Compensation Board for permission to appear before the Board and WC Law Judges in connection with workers' compensation matters as an employee of the above-named organization/individual licensed under Section 50 3-b or 50 3-d of the Workers' Compensation Law.*

1. Applicant's Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

2. Residence Address \_\_\_\_\_

3. Business or Occupation during past 5 years:

From	To	Employer	Address	Salary

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

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

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

7. Elementary school : \_\_\_\_\_ Graduate:  Yes  No

8. High school/equivalent \_\_\_\_\_ Graduate:  Yes  No

9. College, university or technical schools attended:

School	From	To	Degree

10. Have you ever been disbarred or had revoked for cause any license, certificate, permit or any other authorization to practice in any trade or profession?  Yes  No If Yes, give details \_\_\_\_\_

11. 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, attach statement giving details.

