

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

**RENEWAL 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 or (518)402-1372.

Licensee

License No.

Company/Individual: _____

Business address: _____

The undersigned hereby applies to the Workers' Compensation Board for a renewal of 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 (first, middle, last): _____

2. Residence Address: _____

3. Home Telephone No.: (____) _____

4. List all employment during past three years: (Indicate regular place of doing business. Give present business first.)

From	To	Employer	Business Address	Salary

5. Business Telephone Number: (____) _____ Fax Number: (____) _____

Since your last application for license under this section, has status changed in following areas:

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

7. Education: Yes No
 If Yes, college, university or technical schools attended:

School Name and Address	From	To	Degree

8. Have you 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: _____

9. Have you been convicted of a crime? Yes No If Yes, state when and give details: _____

10. Are there any criminal charges now pending against you? Yes No If yes, give details: _____

11. Approximately how many claims have you handled before the Workers' Compensation Board (including WC Law Judge and Board Parts) during the last completed calendar year? _____

In the event I terminate my employment with this licensee, I shall immediately relinquish the identification card issued to me by the Secretary, Workers' Compensation Board.

VERIFICATION

State of New York)
)
 County of _____) ss:

_____, 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 to obtain the release and disclosure of any information, document or record required to obtain verification of any statement made in this application.

 Signature of Authorized Employee

Sworn to before me this _____ day of _____



 Notary Public

I hereby certify that the above-named applicant is an employee of _____, which organization/individual has applied or will apply for a license to represent self-insured employers under Section 50 3-b or 50 3-d of the Workers' Compensation Law.

 Signature of Qualifying Officer of Employer who signed application Form C-403.1R

 Date