

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

STOCKHOLDER OF CORPORATION APPLYING FOR LICENSE TO REPRESENT SELF-INSURERS  
UNDER SECTION 50 3-b or 50 3-d OF THE WORKERS' COMPENSATION LAW

If applicant corporation is a subsidiary, this form should be completed by chief executive officer of parent corporation.

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

1. Name of applicant corporation \_\_\_\_\_

2. Name of stockholder \_\_\_\_\_

Address \_\_\_\_\_

3. Stockholder's Social Security No. \_\_\_\_\_ Federal Employer ID No. \_\_\_\_\_

See Privacy Notification below. If you have **neither** number, explain: \_\_\_\_\_

\_\_\_\_\_

4. Specify percentage of stock owned \_\_\_\_\_

5. Have you (or if a corporation, the corporation or any of the officers thereof) ever been convicted of a crime?  Yes  No If Yes, state when and give details: \_\_\_\_\_

\_\_\_\_\_

Are there any criminal charges now pending against you (or if a corporation, against the corporation or any of the officers thereof)?  Yes  No If Yes, give details: \_\_\_\_\_

\_\_\_\_\_

6. Do you own stock in any corporation which to your knowledge has been granted self-insurer's status under the New York State Workers' Compensation Law?  Yes  No If Yes, give details: \_\_\_\_\_

\_\_\_\_\_

7. Do you own stock in any corporation (other than applicant corporation) licensed or authorized to write workers' compensation insurance in New York State?  Yes  No If Yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Stockholder of Corporation  
(or Chief Executive Officer of Parent Corporation\*)*

\* If application is signed by other than chief executive officer of parent corporation, attach a copy of corporate resolution delegating the authority to sign on behalf of the signing officer.

PRIVACY NOTIFICATION

The authority to request personal information from you, including identifying numbers such as Federal Social Security and Federal Employer Identification Numbers, and the authority to maintain such information, is found in Section 5 of the Tax Law. Disclosure of this information by you is mandatory. The principal purpose for which this information is collected is to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have understated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. The information will be used for tax administration purposes and for any other purpose authorized by the Tax Law or the Workers' Compensation Law.

The information collected will be held by the Office of the Secretary, Workers' Compensation Board. All inquiries regarding such records should be addressed to the Privacy Compliance Officer, Office of the General Counsel, Workers' Compensation Board, 328 State Street, Schenectady, NY 12305. Phone: (518) 486-9564.

