

JANITORIAL SERVICES REGISTRATION APPLICATION

(EMPLOYERS OF PROPERTY SERVICE WORKERS)

(If additional space is needed, please attach a separate page and indicate the number of the item for which the information is being provided.)

1. Name of legal entity (employer) applying for registration 2. Fictitious business name (doing business			ss as (dba)), if applicable		
3. Applicant's business street a	address (number, street, city, county, state, zip code)		4. Business Telephone number		
5. Applicant's mailing address	Address				
6. Branch locations of all Prope the name(s) of any subcontractor	7. Telephone number(s) of branch location(s) listed in item 6				
<u>A)</u>	()				
B)	()				
C)					
D)	()				
E)					
F)			()		
G)					
H)					
I)					
J)	T				
8. This is an application for	9. Does your business employ one or more employees Is applicant permissively self-insured against liability	•	10. If renewal, give previous registration number		
☐ New Registration	□Yes □No	to pay workers compensation claims:			
☐ Renewal Registration	If the answer to the above is "no," does applicant have coverage? □Yes □No	ve current workers' compensation insurance	JS		
	Name of Carrier:				
	Address: Policy No: Effective date Expirati	ion date			
11. Applicant's form of legal er					
☐ Sole Proprietorship (an in	ndividual)	poration	pany		
12. If sole proprietorship - full na Name:	ame, residential address and social security or taxpayer i	dentification number of owner:	13. Home telephone number		
	()				
Home Address:					
Social Security or Taxpayer Iden					
14. If partnership - full name, re	sidential address, and social security or taxpayer identific	cation number of all partners	15. Home telephone number		
Name:					
Home Address:					
Social Security or Taxpayer Identification Number:					
Name:					
Home Address:	()				
Social Security or Taxpayer Iden					
Name:					
Home Address:	. ()				
Social Security or Taxpayer Iden	_				

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16. If corporation or LLC - full name, title, residential address, and social security or taxpayer identification number of all corporate officers/LLC members					ch person named in item	
Name and title:						
Home Address:						
Social Security or Taxpayer Identificat	tion Number:		_	()	
Name and title:					,	
Social Security or Taxpayer Identificati	ion Number:			()	
					,	
Home Address:	Name: and title: Home Address:					
Social Security or Taxpayer Identificati	ocial Security or Taxpayer Identification Number:)	
18. Full name, residential address, and social security or taxpayer identification number of all persons employed by the applicant exercising management responsibility in the applicant's office, regardless of applicant's form of business entity					Iome telephone number ch person named in item	
Name:	18					
Name: Home Address:						
Social Security or Taxpayer Identificat						
Name:			(,		
Home Address:				()	
Social Security or Taxpayer Identificat	ion Number:					
Social Security or Taxpayer Identification Number: Name:					,	
Home Address:)	
	ion Number:					
Name:				(,	
Home Address:				()	
Social Security or Taxpayer Identification Number:						
				()		
	nd social security or taxpayer identification we a financial interest of 10 percent or				ome telephone number ch person named in item	
A) Name:						
Home Address:						
Social Security or Taxpayer Identifi	ication Number:			()	
B) Name:						
Home Address:						
Social Security or Taxpayer Identification	cial Security or Taxpayer Identification Number:			()	
C) Name:						
Home Address:						
Social Security or Taxpayer Identifica	al Security or Taxpayer Identification Number:)		
	ame:e Address:					
Social Security or Taxpayer Identifica	ation Number:			()	
				()	
22. Actual percent owned by each	23. If a corporation/LLC:	24. Federal and state	25. If a foreign		26. If a corporation	
person named in item 20.	Date of incorporation/organization:	employer identification numbers				
A)					California Secretary of	
B)	State of incorporation/organization:	FEIN:	Secretary of State		State? Yes	
C)		SEIN:				
D)			1		□ No	

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A. Owe an employee any unpaid wages?		
	□Yes	□ No
B. Have an unpaid wage and hour final judgment outstanding?		□ No
C. Have any wage and hour liens or lawsuits pending against him/her?		□ No
D. Have any California Fair Employment and Housing Act claims pending against him/her?		□ No
E. Owe payroll taxes, personal, partnership or corporate income taxes, social security taxes or disability insurance contributions?		☐ No
F. Have not fully satisfied the terms of any administrative settlement pursuant to the Department of Fair Employment and Housing processe judicial decree for any final judgment for a violation of the California Fair Employment and Housing Act?		□ No
If "yes" to any of the above, provide details below, including name, address and telephone number of the employee(s), judgment of lienholder(s), other party(ies) to the lawsuit, and/or governmental agency that is owed money, case/file number, a description of the lien, or lawsuit, amount owed, court where the lawsuit is pending, and a description of any payment arrangements, if any.		ebt, tax,
28. Has a business named in items 1 or 6, or a person named in items 12, 14, 16, 18, or 20, ever been cited or assessed a penalty for viola California Labor Code, or an order of the Industrial Welfare Commission regulating wages, hours and working conditions?	nting a provi □No	sion of the
If "yes", provide details below, including, name of the business/person cited, date and nature of citation, amount of penalties assessed for disposition of the citation, if any. Describe any appeal filed contesting the citation, and the outcome. If the citation was not appealed, or upheld, indicate whether or not the penalty assessment was paid, and if so, the date on which it was paid.		
29. Does applicant have any final judgments against him, her, or it for unpaid wages due an employee or former employee of a janitori		
	al ceruicec	
	ar services	
	ar services	
business that is required to be registered pursuant to California law that have not been fully satisfied? Yes No If, "yes", provide details below, including, name of parties, name and location of court and case number, amount of judgment, and date		
business that is required to be registered pursuant to California law that have not been fully satisfied? Yes No If, "yes", provide details below, including, name of parties, name and location of court and case number, amount of judgment, and date		
business that is required to be registered pursuant to California law that have not been fully satisfied? Yes No If, "yes", provide details below, including, name of parties, name and location of court and case number, amount of judgment, and date		
business that is required to be registered pursuant to California law that have not been fully satisfied? Yes No If, "yes", provide details below, including, name of parties, name and location of court and case number, amount of judgment, and date	judgment	No
business that is required to be registered pursuant to California law that have not been fully satisfied?	judgment Yes	No
business that is required to be registered pursuant to California law that have not been fully satisfied?	judgment Yes	No
Business that is required to be registered pursuant to California law that have not been fully satisfied? If, "yes", provide details below, including, name of parties, name and location of court and case number, amount of judgment, and date became final. 30. Has applicant remitted the proper amount of contributions required by the California Unemployment Insurance Code? If "no", has the Employment Development Department (EDD) made an assessment for those unpaid contributions that has become final? In "yes", has the amount of delinquency been paid in full?	judgment Yes	No
If, "yes", provide details below, including, name of parties, name and location of court and case number, amount of judgment, and date became final. 30. Has applicant remitted the proper amount of contributions required by the California Unemployment Insurance Code? If "no", has the Employment Development Department (EDD) made an assessment for those unpaid contributions that has become final? If "yes", has the amount of delinquency been paid in full? If "yes", provide the amount of the delinquency and the date it was paid in full. Date	judgment Yes	No
business that is required to be registered pursuant to California law that have not been fully satisfied?	judgment Yes	No
If "no", has the Employment Development Department (EDD) made an assessment for those unpaid contributions that has become final? If "yes", provide the amount of delinquency and the date it was paid in full. 30. Has applicant remitted the proper amount of contributions required by the California Unemployment Insurance Code? If "no", has the Employment Development Department (EDD) made an assessment for those unpaid contributions that has become final? If "yes", provide the amount of the delinquency and the date it was paid in full. Solution of court and case number, amount of judgment, and date became final to the california Unemployment Insurance Code? No If "no", describe the nature and amount of delinquency.	judgment Yes	No Ges O No
If, "yes", provide details below, including, name of parties, name and location of court and case number, amount of judgment, and date became final. 30. Has applicant remitted the proper amount of contributions required by the California Unemployment Insurance Code? If "no", has the Employment Development Department (EDD) made an assessment for those unpaid contributions that has become final? If "yes", has the amount of delinquency been paid in full? If "yes", provide the amount of the delinquency and the date it was paid in full. Date	judgment Yes	No Ges O No
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Business that is required to be registered pursuant to California law that have not been fully satisfied?	judgment Yes	No Ges O No
business that is required to be registered pursuant to California law that have not been fully satisfied?	judgment Yes	No Ges O No
business that is required to be registered pursuant to California law that have not been fully satisfied?	judgment Yes	No Ges O No
business that is required to be registered pursuant to California law that have not been fully satisfied?	judgment Yes	No Ges O No

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32. Has the applicant provided the sexual violence and harassment prevention training required by Labor Code section 1429.5?				
are appreciant provided the sexual violence and managiment provention during required by Eurori Code section 1427.0				
If "No", please indicate whether you provided a sexual violence and harassment prevention training to your employees within the last two years of submitting this				
application.				
If "Yes", did the applicant provide the training or was the training provided by another entity? Applicant provided the training Another entity provided the training				
If the training required by Labor Code section 1429.5 was provided by another entity, please provide the name of the other janitorial employer or entity that provided the				
training.				
Date(s) the training required by Labor Code section 1429.5 took place:				
33. If the applicant answered "Yes" to question number 32, was a peer trainer used to provide the training required by Labor Code section 1429.5 to nonsupervisory covered				
workers?				
If "Yes", please identify the name of the qualified organization that provided the peer trainer.				
If a peer trainer did not provide the training as required, please provide an explanation as to why a peer trainer was not used to provide the training.				
is a peer damer and not provide the damining as required, prease provide an explanation as to why a peer damer was not used to provide the damining.				

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Applicant hereby acknowledges that he/she/it is aware of and agrees to comply with the provisions of Labor Code Section 3700 that requires every employer to secure the payment of compensation for liability under the State's worker compensations law. Applicant hereby submits proof that the payment of compensation for liability under the State's workers' compensation law has been secured in a lawful manner. Applicant understands and acknowledges that any misrepresentation, falsification, or material omission on this application or any document submitted in connection herewith is a ground for denial of this application or subsequent revocation of registration. Applicant acknowledges that any material misrepresentation in connection with an initial or renewal application is subject to a civil fine of ten thousand (\$10,000) per violation. The undersigned hereby certify(ies) under penalty of perjury that the statements made and information provided on this application are true and correct and that the applicant is in complete compliance with the local government's business licensing and regulatory requirements. Executed at * SIGNATURES (The individual owner or all general partners must sign. If business is a corporation or limited liability company, any authorized corporate officer or member may sign.) * If place of execution is outside California, the foregoing statements must be sworn to before a notary public or other officer authorized to take oaths and affirmations. SOCIAL SECURITY NUMBER COLLECTION The social security number will be collected pursuant to California Family Code section 17520(d) and Labor Code section 1429(a)(6). It is used in the administration of registering employer's in the property services industry, and to aid in the collection of monies owed pursuant to a judgment or order for child or family support in a case being enforced under Title IV-D of the Social Security Act. Collection of the social security number is mandatory. Failure to furnish the social security number may result in DENIAL of an application for issuance or renewal of a registration to engage in the business of property services. **INFORMATION PRACTICES ACT NOTICE (California Civil Code Section 1798.17)** 1. The information on this application is being requested by the Department of Industrial Relations, Division of Labor Standards Enforcement. 2. The state official responsible for maintaining this application, and who shall, upon written request, inform you of the location of where this application is maintained and the categories of any persons who use the information contained herein is: Manager, Licensing and Registration Unit Division of Labor Standards Enforcement, 1515 Clay Street, Suite 1902 Oakland, CA 94612 Telephone: (510) 879-8333 3. The information on this application is collected and maintained pursuant to California Labor Code section 1429. 4. With respect to the information requested on this application, all of it is either mandated by California Labor Code section 1429 or must be ascertained by the Labor Commissioner in order to issue a registration, except for the following information, which is provided voluntarily: A) Title of corporate officers/ LLC members 5. If you fail to provide all or any part of the information requested in this application, the Labor Commissioner may deny issuance/ renewal of a registration to engage in the business of property services. 6. The principal purposes within the Division of Labor Standards Enforcement for which the information on this application will be used are: (1) administration of the registration program for the property services industry, and (2) enforcement of California's labor laws. 7. The following are known or foreseeable disclosures of the information contained herein which may be made pursuant to subdivision (e) or (f) of Section 1798.24 of the California Civil Code by the Division of Labor Standards Enforcement: Response to a request under the California Public Records Act. 8. You have the right to access records containing your personal information that are maintained by the Division of Labor Standards Enforcement. To make an appointment to access such records, please contact the Manager, Licensing and Registration Unit at the address shown in item 2 above. DO NOT WRITE BELOW THIS LINE Date Received Date Posted Registration Annual Fee Assessment Application Number____ Approved: State Labor Commissioner____ □ WCI □ FBN ☐ Articles of Incorporation ☐ LLC Articles of Organization

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Date

☐ Citation(s)/Judgment(s)

□ I.D.

□ SOS

Date