

Garment Manufacturing Registration Application Guide

Division of Labor Standards Enforcement

08/29/2016

This guide is intended to be used as a reference or checklist while the applicant fills out the application. While this information will be relevant to the paper version of the Garment registration application, this guide is organized according to the layout of the online application form. The online version of the application consists of 7 tabs or screens. This guide provides a detailed explanation of the various sections of each page. Following the explanation will be an image of that screen with a corresponding label for each section referenced in the guide.

Note that this guide mentions forms which are required to obtain necessary documentation. The online guide has links to the necessary forms and, where applicable, sample forms. It is the applicant's responsibility to properly file the necessary forms and obtain the required documentation before completing the Garment Registration application.

Please complete the Garment Registration application online at:
https://permits.dir.ca.gov/Garment_External/

List of Tabs/Screens:

Tab/Screen 1: Application
Tab/Screen 2: Ownership Screen
Tab/Screen 3: Operations Capacity Screen
Tab/Screen 4: Questionnaire 1
Tab/Screen 5: Questionnaire 2
Tab/Screen 6: Certification
Tab/Screen 7: Payment

This following list shows the forms that you might be asked to upload in order to complete your application. You will need to scan the document(s) to your computer and saved a copy of it so you can upload that file, if requested.

1. Employment Development Department (EDD) DE-9 or DE-9C Quarterly Report for the most recently filed quarter.
2. Copies of your Fictitious Business Name Statements, if using DBAs.
3. Copy of your leasing Contract and copy of your 24hr Cancellation Notice for leasing companies.
4. Copy of your valid Driver's license or Government issued Photo ID Card.
5. Copy of your Workers Compensation Insurance (WCI) certificate or Self Insured Certificate from the Director of DIR.
6. Copy of current Bond if asked to provide by the DLSE.
7. Copy of your Public Health License for cities located within Los Angeles County except Pasadena, Vernon and Long Beach.

Garment Manufacturing Explanation

Page/Tab 1: Application		
Section	Explanation	Required forms for each step
1A	Input the legal entity name. If sole proprietor or partnership, use the name that appears on the applicant's drivers' license. Make sure to spell the name correctly. If a corporation or LLC, enter your corporation or LLC name. If a partnership, enter partnership name.	
1B	Enter your main office address. Do not provide a P.O. Box.	
1C	Enter the email address where you want to receive correspondence from DLSE.	
1D	This section on this page is optional. Enter the information of your representative to speak or act on your behalf.	
	1D1: Declaration Form Screen	
1E	Enter your Branch locations, if applicable.	
	1E1: Pop-up Branch location, complete information.	
	1E2: Make sure to click on update button to go back to previous screen.	
1F	Enter your "Doing Business As" name (DBA), if applicable. You will be required to upload your Fictitious Business Name Statement.	
	1F1: Pop-up DBA. Complete DBA name and upload your Fictitious Business Name Statement.	Fictitious Business Name Statement
	1F2: Click on update button to go back to previous screen.	
1G	Upon completing all questions above, click on Save & Next to go to the next screen.	

Below is a sample screenshot of the first page of the online application. The circled portions correspond to the sections of the explanation on the previous page. Note that you must fully complete the application. A portion may not be circled, because it is straight-forward and so requires no explanation. This does not mean that it does not need to be filled out.

Menu | Company | Ownership | OperationsCapacity | Questionnaire1 | Questionnaire2 | Certification | PayFees Options Logout
License #: GA183266

Garment Manufacturers & Contractors Registration - Application

Please enter the information requested below.

Company:

Name of legal entity * 1A

Main office address (P.O. Box not allowed) 1B

Main office address line 2

City * State * Zip code * Business phone * Mobile phone

Email * (DLSE uses this to communicate with the applicant) 1C

Declaration and Authorization Form

If you wish to have an agent/representative designated to speak or act on your behalf you will need to fill out a Declaration and Authorization form. You can do this by clicking on the link underneath and fill in the form. (This is optional) 1D

[Declaration and Authorization Form](#)

Branch Locations: (Please provide all additional locations) *

Function	Legal Name
Remove	Testing Pvt Ltd (Main Branch)

You can click [Remove](#) to delete the entire row or the name to edit the entry. 1E

[Add Location](#)

DBA: (Please provide all Doing Business As identities)

Function	DBA Name
Remove	Garment Man Co.

You can click [Remove](#) to delete the entire row or the name to edit the entry. 1F

[Add DBA](#)

[Save & Close](#) [Save](#) [Save & Next](#) 1G



Declaration Form

DECLARATION AND AUTHORIZATION TO RELEASE INFORMATION

Name of applicant *

I, hereby authorize the Division of Labor Standards (DLSE) Licensing & Registration Unit to release information regarding my application to:

Name * Name(s) of authorized representative(s). May list multiple names separated by commas.

Company

Street address *

City *

State *

CA

Zip code *

XXXXX-XXXX

Phone *

XXX-XXX-XXXX ext XXXX

Email address *

example@email.com

Cancel

Update

Populate Form

1D1

Add Location

Branch Location Information - Fill in all fields below

Legal name *

Address *

City * State * Zip code *

Phone number *

Cancel Update

Add DBA

DBA - Fill in all fields below

DBA name *

[Upload your Fictitious Business Name Statement](#)

Cancel Update

1F1

1F2

Page/Tab 2: Ownership Screen		
Section	Explanation	Required forms for each step
2A	Select the business legal entity type.	
2B	Type in your SEIN #, FEIN #, Type of Applicant's business, total number of employees for all locations and answer question regarding Leasing Company	
2C	To add the name of the sole proprietor or each partner, corporate officer, or LLC member of the business, click on "Add Individual".	
	2C1a: Ownership Screen, provide name , title, % of ownership, Social Security # of sole owner, each corporate officer, each partners or each	
	2C1b: Provide Driver's License or ID# and upload a legible scan of each owner's current driver's license. If unavailable, any government issued identification card can be provided.	Driver's License
	2C1c: Provide owner's home address, phone number and email address.	
	2C1d: Provide exam information. If someone else is taking the exam or has taken the exam, you do not need to complete this portion.	
	2C1e: Click on update to go back to previous screen.	
2D	Click on Save & Next to proceed to the next screen.	

Below is a sample screenshot of the second page of the online application. The circled portions correspond to the sections of the explanation on the previous page. Note that you must fully complete the application. A portion may not be circled, because it is straight-forward and so requires no explanation. This does not mean that it does not need to be filled out.

Ownership Screen – Add Owner

The screenshot shows the 'Ownership' section of an online application. At the top, there is a navigation menu with links for Menu, Company, Ownership, OperationsCapacity, Questionnaire1, Questionnaire2, Certification, PayFees, Options, and Logout. The license number GA183266 is displayed. The 'Ownership' section includes a 'Legal Entity' dropdown menu with options: Sole Proprietorship (individual), Partnership, Limited Liability Company, and Corporation. Below this are input fields for SEIN #, FEIN #, a dropdown for 'Type of applicant's business' (set to Contractor), and a field for 'Total number of employees for all locations'. A question 'Is your business a Leasing Company?' is followed by 'Yes' and 'No' radio buttons. The 'Owners / LLC Members / Corporate Officers / Directors' section contains a table with columns for Function, Name, Title, Ownership, and Address Line 1. A table entry shows 'Sunetra Dabke' with a 99% ownership stake. Below the table is an 'Add Individual' link. At the bottom, there are four buttons: Back, Save & Close, Save, and Save & Next.

2A

2B

2C

2D

Add Individual

Options Logout

Owners / LLC Members / Corporate Officers / Directors * (Fill out for all persons)

First name * Middle name Last name *

Title * % owned Social Security # * Confirm SS # * Last 4 #'s

Driver's License / ID # * Upload a copy of your driver's license or ID * [DLorID\(0\).pdf](#) *

Home Address * (PO Box not allowed) Email Address *

City * State * Zip code * Phone number

To be eligible to take the exam a person must be either an owner with at least 20% interest or a person who directly or indirectly controls the wages, hours, and working conditions of employees. At least one person is required to take the exam. [CCR 13635\(f\)](#)

Will you take the exam Exam language none

Have you taken the exam Year taken

Cancel Update

2C1a

2C1b

2C1c

2C1d

2C1e

Page/Tab 3: Operations Capacity Screen		
Section	Explanation	Required forms for each step
3	If anyone in your family has applied for or received a Garment Manufacturing Registration, then input his/her information here. Only list family members if they have separately applied for or received their OWN Garment Registration unrelated to this application.	

Below is a sample screenshot of the third page of the online application.

Operations Capacity Screen

License #: GA183266

Operations Capacity

Have you, your immediate family members, any person listed in the Owner, Corporate Officers, Financial Interest and Management sections of this application or any of their immediate family members operated in any capacity in the Garment Manufacturing Industry? (This includes, but is not limited to, manufacturing and contracting operations as well as the exercise of direct or indirect control over garment workers, wages, hours, and working conditions.)

(Select an answer) * Yes No

If you selected "Yes" then you are required to list each individual and fill in the required information for them.

Name of the person * **Name of the business ***

Address * **City *** **State *** **Zip code ***

Dates of operation From To **Garment Registration # ***

Dates of registration Start date Expiration date If registration is current, put in the expiration date of the registration

[Delete this entry](#)

(Use the Add Individual button below to add another person to this list)

Page/Tab 4: Questionnaire1		
Section	Explanation	Required forms for each step
4A	Please answer all of the yes or no questions.	
4B	Please select the amount of total gross sales receipts during the last 12 months prior to the filing of this application.	
4C	Please answer yes or no question.	
4D	Click ADD button if you have listed the names and addresses of all firms engaged in the garment manufacturing industry with whom you have done business during the past three (3) years.	
4E	If answered YES on question #5 of the application, you will have to complete items A – G.	
4F	If answered YES on question #6, you will have to complete items A – C.	
4G	If answered YES on question 7, provide Bankruptcy Case no. and the name of court.	
4H	Click on Save & Next to proceed to the next screen.	

Below is a sample screenshot of the fourth page of the online application. The circled portions correspond to the sections of the explanation on the previous page. Note that you must fully complete the application. A portion may not be circled, because it is straight-forward and so requires no explanation. This does not mean that it does not need to be filled out.

Questionnaire 1 Screen

Menu | Company | Ownership | OperationsCapacity | Questionnaire1 | Questionnaire2 | Certification | PayFees

Options | Logout
License #: GA183266

Questionnaire 1

1) Have you had an application for garment registration denied, revoked or suspended during the past 3 years? * Yes No

A) If "Yes", have you had any gross sales receipts at any time during the last 3 years prior to the filing of this application? Yes No

2) Please select the amount of total gross sales receipts during the last 12 months prior to the filing of this application

3) Within the past 3 years has any person named in the Ownership or Manager section of this application been issued a citation or assessment by either the United States Department of Labor or Department of Industrial Relations for violating the Fair Labor Standards Act or the California Labor Code? * Yes No

4) Click the Add button below to list the names and addresses of all firms engaged in the garment manufacturing industry with whom you have done business, such as manufacturers, contractors, sub-contractors, etc. during the past three (3) years:

Registration # *	Name of the business *	Address *	City *	State *	Zip code *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	CA <input type="text"/>	<input type="text"/>

[Delete this entry](#)

(Click the Add button to add information)

If you have more than 10 please write out a form with all the information requested and click the link to upload a copy of that document.
[Upload a copy of the names of businesses during past 3 years](#)

5) Have any person(s) named in the Ownership section of this application ever been issued a judgement or entered into a settlement agreement for unpaid wages within the past 5 years? * Yes No

If you selected "Yes" then you are required to fill in information below. Click the Add button to add another individual below:

A) Name of the person and business that was issued judgment or that entered into the settlement agreement

Name of the person *	Name of the business *
<input type="text"/>	<input type="text"/>

B) Date the judgment or settlement agreement was entered on *

C) Name of the Court entering the judgement *

D) Case number *

E) Amount due according to judgement or settlement agreement *

F) Has this amount been paid? * Yes No

G) If paid, enter date of payment

[Delete this entry](#)

(Click the Add button to add another)

4A

4B

4C

4D

4E

Questionnaire 1 Screen (Continued)

6) Has any person listed in the Ownership section of this application ever had a garment registration revoked or an application for registration denied at any time within the past 3 years? *

If you selected "Yes" then you are required to fill in information below. Click the Add button to add another individual below:

A) Name of the business *

Business address *

City *

State *

Zip code *

CA ▼

B) Period of revocation *

From



To

(Or) The date of denial *

Date



C) Reason for revocation or denial *

(Click the Add button to add another)

Add

7) Has any person listed in the Ownership section of this application filed for bankruptcy in the last year? *

If you selected "Yes" then you are required to fill in information below. Click the Add button to add another individual below:

Case # *

Name of court *

(Click the Add button to add another)

Add

Back

Save & Close

Save

Save & N

4F

4G

4H

Page/Tab 5: Questionnaire2

Section	Explanation	Required forms for each step
5A	Upload a legible scan of the applicant’s worker’s compensation insurance certificate. The policy number and expiration date must match that listed on the worker’s compensation certificate. The “Certificate Holder” must be listed as Division of Labor Standards Enforcement, Licensing and Registration Unit, 1515 Clay Street, Suite 401, Oakland, CA 94612.	WC Certificate of Liability
5B	If business is leasing employees, upload a copy of the Signed Contract between you and the employee leasing company.	
5C	Upload a current Workers’ Compensation Insurance Certificate that is provided to you by that leasing company.	WC Certificate of Liability
5D	Upload a copy of your most recently filed Employment Development Department (EDD) DE-9 or DE-9C.	EDD DE-9 or DE-9C
5E	Please answer all of the yes or no questions.	
5F	Upload a copy of your public health license if your business is located in Los Angeles County (with the exception of Vernon, Pasadena and Long Beach).	Public Health License
5G	If your company received any citations or any judgments filed against your company, DLSE may request a \$5,000 Bond. Provide the Bond Type and Bond Amount.	Bond
5H	Click on Save & Next to proceed to the next screen.	

Questionnaire 2

8) You are required to upload a copy of your valid Worker's Compensation Insurance Certificate or a copy of the certificate from the Director of the Department of Industrial Relations consenting to your being self insured against liability to pay compensation under the State's workers' compensation laws either as an individual employer, as one employer in a group of employers or WCI from a Leasing company * [WCI Required Information](#)

Does your business intend to contract with an employee leasing company as the employer? Yes No

Please enter your WCI policy number and expiration date. Then upload a copy of your WCI certificate, or your Self Insurance Certificate from the Director of DIR.

Policy # *

Expiration date *



5A

[WciCertSelfInsu.pdf](#) ✕

Upload a copy of the Signed Contract between you and the employee leasing company [WciSignedContract.pdf](#) ✕

5B

If you answered yes, upload a current Work [WciCertLeasingCo.pdf](#) ✕

5C

9) You must upload a copy of your most recent [De9OrDE9C.pdf](#) ✕

5D

10A) Are any of your business located in Los Angeles County? * Yes No

10B) In Los Angeles County are any of your business located outside of either Vernon, Pasadena or Long Beach? Yes No

5E

A copy of your public health license is required only if your business is located in Los Angeles County (with the exception of Vernon, Pasadena and Long Beach cities). If you selected "Yes" to question 10A and "No" to question 10B then you are required to upload a copy of your current Public Health License using the blue link below. The license must show the individual owner's/partners' and/or corporate name(s) and business name(s) must be shown.

If you do not have a current license you may apply at 5050 Commerce Drive, Baldwin Park, CA 91706-1423.

[PublicHealthLicense.pdf](#) ✕

5F

11) If outstanding citations or judgments exist, please DLSE may request a \$5,000 Bond (if requested fill out requirements below)

Please attach a copy of your bond by clicking the link here [Bond.pdf](#) ✕

Bond type

Bond amount \$

5G

Back

Save & Close

Save

Save & Next

5H

Page/Tab 6: Certification		
Section	Explanation	Required forms for each step
6A	Make sure to check this box.	
6B	Enter the name of Individual owner, Partner, Member or Corporate Officer.	
6C	Click on Save & Next to go to the next screen.	

[Menu](#) | [Company](#) | [Ownership](#) | [OperationsCapacity](#) | [Questionnaire1](#) | [Questionnaire2](#) | [Certification](#) | [PayFees](#)

[Options](#) | [Logout](#)

License #: GA183266

Certification

Applicant hereby acknowledges that I/we are 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.

I/We agree to operate as a Garment Manufacturer or Contractor in compliance with the provisions of the California Labor Code and with the Rules and Regulations issued by the Labor Commissioner of the State of California.

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.

The undersigned hereby certify 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 regional regulatory requirements.

I understand that I agree as a condition of registration that I or any agents acting on my behalf must permit the Labor Commissioner or his or her designees access to all the business records or other information required in Part 11 of Division 2 of the Labor Code, commencing with Section 2670 and Subchapter 8 Chapter 6 of Division 1 of Title 8 of the California Code of Regulations.

I UNDERSTAND THAT ANY MATERIAL MISREPRESENTATION IS GROUNDS FOR DENIAL, OR SUBSEQUENT REVOCATION OF A REGISTRATION.

I hereby certify, under penalty of perjury, that the foregoing statements are true and correct.

I understand that I may not operate as a garment manufacturer until I receive the approval to print a Certificate of Registration issued by the Division of Labor Standards Enforcement (Labor Commissioner) following successful completion of an examination. I understand that I agree as a condition of registration that I or any agents acting on my behalf must permit the Labor Commissioner or his or her designees access to all the business records or other information required in Part 11 of Division 2 of the Labor Code, commencing with Section 2670 and Subchapter 8 of Chapter 6 of Division 1 of Title 8 of the California Code of Regulations.

SIGNATURE

(The individual owner or partner with authorization to speak for the company must sign. If business is a corporation or limited liability company, any authorized corporate officer or member may sign.)

I certify that all of the content in this application is true and that this e-signature is both legal and binding. *

Name of owner, member of corporate officer * Title * Date

 X

By clicking on the Submit & Pay button below, you have completed the application for a Garment Industry Registration. Once your application has been reviewed, you will be sent an email informing you if your registration application has been approved or needs more information in order to be approved.

Make sure to check your email including the Spam and Junk email folders.

6A

6B

6C

Below is a sample screenshot of the seventh page of the online application. The circled portions correspond to the sections of the explanation on the previous page. Note that you must fully complete the application. A portion may not be circled, because it is straight-forward and so requires no explanation. This does not mean that it does not need to be filled out.

Page/Tab 7: Payment		
Section	Explanation	Required forms for each step
7A	Pay the amount as determined by your answers on the Application. NO REFUNDS are given.	
7B	After paying fees, click on SUBMIT. Only for EFT payment to enter Reference#	
7C	For Credit Card, will take you to 3 rd party payment site.	
7D	Message of a successful submission.	

Menu | Company | Ownership | OperationsCapacity | Questionnaire1 | Questionnaire2 | Certification | PayFees | Options | Logout

License #: GA183266

Pay Fees

Your annual registration fee is determined by your answers to certain questions on the Application for Registration Garment Manufacturing Industry and the amount of gross sales receipts that you reported for that specified time period.

- * Review the selected fees to be paid and the amount due.
- * Click on the Credit or EFT button to proceed to the payment screen.
- * Otherwise, click the Back button to exit to the previous screen.

My Cart		
Quantity	Item Description	Amount
1	Registration Fee	\$1000.00
1	Examination Fee	\$25.00
Subtotal		\$1025.00

I understand the fees paid are non-refundable, even if I am not issued a registration.

Back
Use Credit
Use EFT

7A

License #: GA183266

Pay by EFT

Paying by Electronic Fund Transfer (EFT) will delay the review of your application by 2 to 3 weeks due to the payment verification.

By using the EFT link below you will need to have your DLSE Registration application number. That registration number can be seen at the top of this page. Please write this number down before clicking on the EFT payment link below.

Once you conclude the payment **you will need to return to this page and enter in the Reference number for the EFT payment.** This number will be provided to you by the CITI Bank Just Pay It website upon completion of your payment. Write the payment reference number down then you can return to this screen and enter that Reference Number in the field provided below.

If you wish to pay by EFT please click the link below and follow the instructions:

<https://secure.paycalifornia.com/soc/JustPayIt/indexDLSE.html>

If you wish to pay by Credit Card with no delay, please click the Back button.

Reference # *

Back

Submit

7B

Total Amount

275.00 USD

Please select payment method

Total Amount 275.00 USD



Continue

All payment information are encrypted and transmitted only via a secure 256bit SSL (Secure Socket layer) connection.

Total Amount

275.00 USD

Billing Information

Please fill in the required information

Company	<input type="text"/>
* Name	<input type="text"/>
* Street address	<input type="text"/>
	<input type="text"/>
* City	<input type="text"/>
* State	-- Select One -- <input type="button" value="v"/>
or Province	<input type="text"/>
* Zip/Postal code	<input type="text"/>
* Country	-- Select One -- <input type="button" value="v"/>
Phone number	<input type="text"/>
Fax number	<input type="text"/>
Email address	<input type="text"/>

All payment information are encrypted and transmitted only via a secure 256bit SSL (Secure Socket layer) connection.

Total Amount 275.00 USD

* **Mandatory fields**

Total Amount

275.00 USD



Shipping Information
Provide any optional information

Name _____
Street address _____
City _____
State
or Province _____
Country

Total Amount 275.00 USD

* **Mandatory fields**

This screen is not required to be filled in. Please click continue to proceed.

AH payment information are encrypted and transmitted only via a secure 256bit SSL (Secure Socket layer) connection.

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Total Amount

275.00 USD



* Card Number

* Expiration Month

* Expiration Year

Card Code

(last four digits on the front of your card)

Code not on card

All payment information are encrypted and transmitted only via a secure 256bit SSL (Secure Socket layer) connection.

Total Amount 275.00 USD

* **Mandatory fields**

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Pay by EFT

You have successfully submitted the application for a Garment Industry Registration. Once your application has been reviewed you will be sent an email informing you if your registration has been approved or needs more information in order to be approved. If your registration application is denied because of incomplete information you will need to log back into the online system to make the requested changes. Those changes will be identified for you in the defect email and/or letter you receive. Make sure to check your email and especially the Spam/Junk email folders. Follow the instructions on that email carefully and you will then be allowed to resubmit your application with the correct changes requested.

Thank you,
Licensing and Registration Unit

Menu

7D