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| Return Application To:  DLSE Licensing  P.O. Box 420603  San Francisco, CA 94142 | | | | State of California  Department Of Industrial Relations  DIVISION OF LABOR STANDARDS ENFORCEMENT | | | | | | | | | Logo of The Great Seal of the State of California | | | | |
| APPLICATION FOR INDUSTRIAL HOMEWORK LICENSE | | | | | | | | | | | | | | CORPORATION  PARTNERSHIP  INDIVIDUAL | | | |
| FIRM NAME | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | TELEPHONE | | | |
| OWNER, MANAGER OR OFFICER OF CORPORATION – NAME AND TITLE | | | | | | | | | | | | | | | | | |
| THIS IS AN APPLICATION FOR A  NEW LICENSE  RENEWAL LICENSE | | | | | | IF RENEWAL, NUMBER OF  HOMEWORKERS EMPLOYED LAST YEAR: | | | | | | | | | | | |
| FACTORY PRODUCT(S) | | | | | | | | | | | | NO. OF EMPLOYEES  IN FACTORY: | | | | | |
| HOMEWORK PRODUCT(S) | | | | | OPERATION  HANDWORK  MACHINE | | | | | | NO. OF HOMEWORKERS  TO BE EMPLOYED: | | | | | | |
| AS A MANUFACTURER,  ARE YOU SUBJECT TO: | | FEDERAL WAGE AND HOUR REGULATIONS?  YES  NO | | | | | | | | | | | | | | | |
| THE PROVISIONS OF THE FEDERAL WALSH-HEALEY PUBLIC CONTRACTS ACT RELATING TO THE EMPLOYMENT OF HOMEWORKERS? | | | | | | | | | | | | | YES  NO | | |
| NOTE: Your homework license is valid only for the products or operations described on this application. Any additional products or change in operation initiated after the license is granted must be submitted to and approved in advance by this division. Wage rates must meet the state or federal minimum wage, whichever is higher. | | | | | | | | | | | | | | | | | |
| RATES TO BE PAID: | | HOURLY RATES  $ | | | | | | | | | | | | | PIECEWORK RATES  $ | | |
| BRIEF DESCRIPTION OF ARTICLES TO BE MANUFACTURED AND OPERATIONS INVOLVED | | | | | | | | | | | | | | | IF PIECEWORK | | |
| RATE | | Estimated Time Required for Each Task |
|  | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | |  | | |
| Is homework to be delivered  and collected by firm? | | | YES  NO | | | | | If your answer is “NO”, travel time for homeworkers may be considered to be  work time. | | | | | | | | | |
| DO YOU GIVE OUT CONTRACT WORK TO MANUFACTURERS?  YES  NO | | NAME AND ADDRESS OF MANUFACTURER | | | | | | | | | | | | | | | |
| NAME AND ADDRESS OF MANUFACTURER | | | | | | | | | | | | | | | |
| ARE YOU A SUBCONTRACTOR?  YES  NO | | FOR WHOM? (NAME AND ADDRESS) | | | | | | | | | | | | | | | |
| FOR WHOM? (NAME AND ADDRESS) | | | | | | | | | | | | | | | |
| WORKERS’ COMPENSATION INSURANCE FOR HOMEWORKERS: | | NAME OF INSURANCE COMPANY | | | | | | | | | | | | | | | |
| POLICY NUMBER | | | | | | | | EXPIRATION DATE | | | | | | | |
| I agree to comply with Labor Code Sections 2650 to 2667 and any prohibitory order enacted there under and to abide by the rules and regulations governing industrial homework. I certify that none of the prohibited articles listed in Labor Code section 2651 will be distributed by me to be manufactured by industrial homework.    EMPLOYER’S SIGNATURE TITLE DATE | | | | | | | | | | | | | | | | | |
| Date Fee Recd:  Amt. of Fee $  File No. | Deputy’s Approval  Recommendation  Initials:  Date: | | | | | | Supvr’s Approval  Recommendation  Initials:  Date: | | Division Chief’s  Approval  Signature:  Date: | | | | | | | Effective date of license:  License No. | |

DLSE 123 (Rev. 1/2011)