



State of New Hampshire

Department of Labor

Phone:
603.271.0127

Email:
Inspectiondiv@dol.nh.gov

APPLICATION FOR PRE-SCREENING OF SCHOOL-TO-WORK BUSINESS PARTNER

School: _____

School Coordinator: _____

Telephone: _____

Email: _____

The Department of Labor will review this request and notify the school district of the status of the application when the review is complete. If an application is rejected, the notice will include the reason for rejection. The organization's compliance with regulated safety requirements, loss history and labor violations will be considered. If the business named has any questions or concerns, they should contact Department of Labor at 603.271.0127.

Business Name: _____ Federal I.D. Number: _____

Address: _____

City/Town: _____, NH Zip code: _____

Number of Employees: _____

Contact Name: _____

Telephone #: _____

DOL AUTHORIZATION: ____ Yes ____ No

Reason for rejection: _____

DOL authorized signature: _____ Date: _____