



INSTRUCTIONS FOR REGISTRATION
AS A PROFESSIONAL EMPLOYER ORGANIZATION
(As defined in Act 1150 of the 2001 Legislative Session)
IN THE STATE OF LOUISIANA

GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing the registration in complying with our requirements and procedures. The forms and procedures of the registration process are designed to facilitate our review. Therefore, it is extremely important that all registrants comply fully with the instructions and requirements set forth in this packet.

All registration forms and communication should be directed to:

Louisiana Workforce Commission
Tax Liability and Adjudication Unit
Post Office Box 94186
Baton Rouge, Louisiana 70804-9186

While our Department will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1). All submittals in association with this registration shall be deemed to have been made and received as of the date shown by the postmarked date.
- 2). All entries in the registration packet must be fully completed and typed or printed, including all required attachments. Any illegible entries or responses will be considered incomplete and may result in the rejection of the registration.
- 3). We must be notified of any changes in the organization or the information submitted with this registration at all times. This includes changes in controlling persons and changes in address or domicile.
- 4). All responses must be consistent with all information filed with the State of Louisiana. Conflicting information will result in the rejection of the registration.

REGISTRATION FORM
PROFESSIONAL EMPLOYER ORGANIZATION
STATE OF LOUISIANA

SECTION 1 – GENERAL INFORMATION

ORGANIZATION NAME: _____

FEIN NO: _____ STATE OF DOMICILE: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS*: _____

TELEPHONE: _____

CONTACT NAME: _____ **CONTACT TITLE:** _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS*: _____

TELEPHONE: _____ FACSIMILE: _____

E-MAIL: _____

*** A physical address must be given.**

SECTION 2 – ORGANIZATIONAL INFORMATION

1). Provide physical addresses of the principal place of business and any or all branches or subsidiaries of the PEO inside and outside of Louisiana.

ADDRESSES OF THE PRINCIPAL PLACE BUSINESS AND BRANCHES/SUBSIDIARIES INSIDE & OUTSIDE OF LOUISIANA		
PHYSICAL ADDRESS	CITY	STATE/ZIP

2). Provide the form of business entity assumed AND state of incorporation / organizations.

1). CORPORATION <input type="checkbox"/> YES <input type="checkbox"/> NO Attach certified copy of Articles of Incorporation		State of incorporation _____
2). PARTNERSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO Attach name and addresses of partnership in partnership.		State of organization or Registration _____
3). LIMITED LIABILITY AND PARTNERSHIP OR LIMITED LIABILITY COMPANY Attach: Certified copy of certificate for limited partnership or LLC.		State of organization _____
4). OTHER ** _____ <input type="checkbox"/> YES <input type="checkbox"/> NO **Describe _____		State of organization _____

SECTION 3 – OFFICIAL LIST OF CONTROLLING PERSON

Below give the name, social security number, resident address, position and percent of ownership of all persons responsible for the conduct of affairs of the applicant. This list should include all officers, all directors, all partners (in the case of a partnership), all trustees, all executive committee members and all person(s) owning, directly or indirectly ten (10) percent or more of the applicant and any person who exercises control or influence over the affairs of the applicant.

Controlling persons is defined as:

- (a) An officer or director of a corporation, a shareholder holding ten percent or more of the voting Stock of a corporation, a general partner of a partnership, or a manager of a limited liability Company.
- (b) An individual who possesses, directly or indirectly the power to direct or cause the direction of the Management or policies of a person or entity through the ownership of voting stock by written Contract.

NAME:		S.S.#	
STREET*:	CITY:	STATE:	ZIP:
P. O. BOX:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP % :	
NAME:		S.S.#	
STREET*:	CITY:	STATE:	ZIP:
P. O. BOX:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP%:	
NAME:		S.S.#	
STREET*:	CITY:	STATE:	ZIP
P. O. BOX:	CITY:	STATE:	ZIP
POSITION:		OWNERSHIP%:	

*** A PHYSICAL ADDRESS MUST BE GIVEN**

SECTION 4 – METHOD OF FILING

There are two methods of filing. With either method selected, you will be required to complete an Employer Application for LA Unemployment Account. Click on the link below to access this form.

Check the method of filing:

_____ Filing separately for each client, with each client having his own account number and experience rate. This method makes both PEO and client jointly and severally liable for taxes.

When filing each client separately on the Employer Application, fill in the Employer name with the LEGAL name of the company. Put the DBA name, if any, on the DBA name line. For the mailing address, put the address of the PEO company. A physical address must be provided for each client. If the employee is working from home, please provide the city in Louisiana where he/she resides.

_____ Filing under the PEO's account number and posting a \$100,000.00 surety bond. This method releases the PEO client from joint and several liability. There is no experience rating record transfer between the PEO and client.

******A list of clients must be provided with either method selected. The list must include the name, address, physical address and current or previous Unemployment Insurance (SUTA) account number.**

[Application for an Unemployment Insurance Account Number](#)

SECTION 5 – VERIFICATION

I, the undersigned, declare that I am of the age of majority and fully authorized to file this registration to operate as and on behalf of the named professional employer organization (PEO) in the state of Louisiana. I declare that the PEO or any other person acting on its behalf will comply with all requirements of statutes and regulations of the Louisiana Workforce Commission. I further declare that all PEO agreements under this named PEO meet all requirements of the law. I also declare that the PEO and all controlling persons of the PEO are of good moral character, business integrity and financial responsibility. I further declare that the information provided on this registration is complete and accurate to the best of my knowledge.

Date of Signing

Signature

Title

Printed Name of Person Signing

**ANY FALSE OR MATERIAL MISSTATEMENTS MADE IN
ASSOCIATION WITH THIS REGISTRATION SHALL BE CAUSE FOR
REVOCATION OF THIS PEO REGISTRATION**

SURETY BOND FOR PROFESSIONAL EMPLOYER ORGANIZATIONS

Professional employer Organizations (leasing) electing to file all clients under one employer account number must complete a Surety bond and mail the original document with original signatures to the following address.

LOUISIANA WORKFORCE COMMISSION

Employee Leasing Program
Tax Liability and Adjudication Unit
P.O. Box 94186
Baton Rouge, LA 70804-9186
Telephone: 1-866-783-5567

KNOW ALL PERSONS BY THESE PRESENTS:

THAT, _____
(name and address of PEO), as Principal, and _____
_____ (name and address of insurer),
as Surety, through undersigned representatives, are held and firmly bound unto the Louisiana Workforce Commission, as Obligee, in the penal sum of one-hundred thousand (\$ 100,000) dollars, in lawful money of the United States, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors and administrators, successors and assigns, jointly, severally and firmly by these presents, in accordance with Act 1150 of the 2001 Regular Legislative Session, particularly La. R.S. 23:1761-1768.

WHEREAS, the above bounden Principal is registered, or has filed thereof, with the LA Workforce Commission and Commissioner of Insurance of the State of Louisiana to operate as a professional employer organization.

WHEREAS, furthermore, the above bounden Principal, where incorporated or under partnership, has registered with or procured a certificate of authority/license to transact business from the Secretary of State of the State of Louisiana.

WHEREAS, the above bounden Surety has procured a certificate of authority/license to transact business from the Commissioner of Insurance of the State of Louisiana.

NOW, THEREFORE, the condition of this obligation is such that if the above bounden Principal shall comply with the applicable statutes of the State of Louisiana and all rules, regulations and orders of the Louisiana Workforce Commission related to professional employer organizations, then the above obligation shall be void, otherwise, to be and remain in full force and effect.

This surety bond shall be effective as of _____ and shall remain in force for a period of three (3) years, at which time the bond shall be adjusted in accordance with rules promulgated by the Louisiana Workforce Commission. This bond may be continued for additional periods by a Continuation Certificate from the Surety.

It is herein understood and agreed that the aggregate liability of the Surety shall not exceed that penal sum of the bond, this bond is continuous in form, and if the Surety shall so elect, this bond may be canceled upon advance notice of thirty (30) days to the Obligee and the Principal of its intention to terminate its liability hereunder.

PRINCIPAL: _____

By: _____ (Name and Title)

SURETY: _____

By: _____ (Name and Title)