**STATE OF NEW HAMPSHIRE**

**DEPARTMENT OF LABOR**

PO BOX 2076

CONCORD, NH 03302-2076

FAX (603) 271-2668

School: **NH Department of Education – Vocational Rehabilitation**

School Coordinator: Tracey Frye, Program Specialist

Telephone: (603) 271-2930

FAX: (603) 271-7095

Email: tracey.frye@doe.nh.gov

**APPLICATION FOR PRE-SCREENING OF SCHOOL TOWORK BUSINESS PARTNER**

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) 271-3176.

Business Name:       Federal I.D. Number:

Address:

City/Town:       NH Zip code:

Number of Employees:

Contact Name:

Telephone #:

VR Insurance Binder Request

Start Date:       End Date:

Customer’s Name:

DOL AUTHORIZATION: \_\_\_\_\_Yes \_\_\_\_\_No

Reason for rejection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOL authorized signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_