



**NEW YORK STATE
DEPARTMENT OF FINANCIAL SERVICES
LICENSING SERVICES BUREAU**
Continuing Education Program
One Commerce Plaza
Albany, New York 12257

FOR DEPARTMENT USE ONLY	
Approval No.:	_____
Examined By:	_____
Date Approved:	_____

STATEMENT OF EMPLOYER

THIS FORM MUST BE COMPLETED BY THE EMPLOYER ONLY IF Question 2B on the INSTRUCTOR APPLICATION IS CHECKED.

Name of Employer			Tax Identification Number *		Telephone Number *	
Business Address: No. & Street (Required)		P.O. Box (if any)	City, Town or Village	County	State	Zip Code
Name of Employee: Last First M.I.			Social Security Number *		Telephone Number *	
Residence: No. & Street (Required)		P.O. Box (if any)	City, Town or Village	County	State	Zip Code

In what line(s) of business was/is the applicant employed, which constitutes qualifying duties relating to the subject to be taught.

Life Accident & Health Property & Casualty

Other: _____

List the qualifying duties of employee and the hours per day devoted to each duty:

Specific Duties	Hours per Day Devoted to each Duty

Dates of employment with above duties: From: _____ To: _____
Month/Day/Year Month/Day/Year

If employment is less than three(3) years with current employer, attach RESUME or BIO STATEMENT
 Was/is employment full time? YES NO

During said period, was payment made for unemployment insurance tax? YES NO

If answer is "NO," provide explanation: _____

Under the penalties of perjury I affirm that I have completed this statement and the information contained herein is true.

Signature of Employer	Date
Print Above Name	Title

Note: If the employer is a corporation this form must be signed by an officer or director. If the employer is a limited liability company this form must be signed by a member. If the employer is a partnership this form must be signed by a member of the partnership.

*** * * CHILD SUPPORT NOTIFICATION * * ***

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional driver, and/or recreational licenses and permits including, but not limited to, licenses pursuant to § 11-0713 of the Environmental Law.

Intentional submission of false statements for purposes of frustrating/defeating lawful enforcement of support obligations is punishable under § 175.35 of the Penal Law.

*** * * PRIVACY NOTIFICATION * * ***

Pursuant to Article 1, Section 5 of the New York State Tax Law, it is mandatory that you report your Social Security Number and/or Employer Identification Number. Your failure to respond may be reported to Department of Taxation and Finance. These tax identification numbers are being collected to enable the Department of Taxation & Finance to identify entities which are delinquent in or have understated their tax liabilities, and may be used for any purpose authorized by the Tax Law. They will be maintained by Director, Licensing Services Bureau, New York State Department of Financial Services, One Commerce Plaza, Albany, New York 12257. Telephone: (518) 474-6630.

The New York State Department of Financial Services will, absent your written objection, which must be attached to this application, provide these tax identification numbers to the National Association of Insurance Commissioners for inclusion in its Producer Database.