Return Application To:
DLSE Licensing
1515 Clay St., STE 1902
Oakland, CA 94612

State of California
Department Of Industrial Relations
LABOR COMMISSIONER'S OFFICE (DLSE)

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.