STATE OF NEW YORK WORKERS' COMPENSATION BOARD

INITIAL APPLICATION TO TAKE LICENSE REPRESENTATIVE EXAM TO APPEAR ON BEHALF OF CLAIMANTS (SECTION 24-A OF THE WORKERS' COMPENSATION LAW), OR TO APPEAR ON BEHALF OF OR REPRESENT CARRIERS AND/OR SELF INSURERS [SECTION 50 (3-b/d) OF THE WORKERS' COMPENSATION LAW]

APPLICATION IS MADE UNDER (CHECK ONE):

□ Section 24-a with fee

Section 50 (3-b)

□ Section 24-a without fee

□ Section 50 (3-d)

Note: Applicants failure to disclose fully and accurately any fact or information called for by any question may result in the denial of the application for a license, or if the license has been issued prior to the discovery thereof, the license may be revoked.

1. Name (first, middle, last)_____

If "Yes," state other name_____

2. Home Address (if less than 3 years at this address also list previous addresses)

Street, City, State	From	То

Home Telephone Number_____

Telephone Number During Normal Business Hours_____

3. Social Security Number_____

4. Citizenship:
United States of America Other_____

If naturalized, give date and place of naturalization______

If permanent resident alien, give registration number and date_____

6.	a.	Have you any other license, certificate, or authorization to practice a trade or profession? Yes INO				
	b.	Have you been admitted to the Bar as an attorney (or its equivalent) in any state, territory, or dependency of the United States or any foreign country?				
	c.	If you answered "Yes" to either a or b above, give details:				
7.	a.	Have you ever had a license, certificate, or other authorization to practice a trade or profession revoked, suspended, or subject to other disciplinary action?				
	b.	Have you ever been disbarred, or has your license to practice law been revoked or suspended?				
	c.	If you have answered "Yes" to either a or b, attach a statement giving all details in reference to such disbarment, revocation and/or suspension.				
8.	Hav	ve you ever been convicted of a crime?				
	If "Yes," give details:					
	Are	e there any criminal charges now pending against you?				
	If "	Yes," give details:				

🗆 No

Q Yes

9. Name five character references, in the following fields, who have known you for at least five years. (Name only persons who have had a reasonable opportunity to form an opinion of your character, competence, and integrity during the period of acquaintance indicated.)

Field	Name	Address	No. of Yrs.
Business			
or Profession			
Social			
Family Life			
& Neighborhood			

5. Are you over 18 years of age?