

# PEO Registration Form

Under Professional Employer Organization Registration Act,  
Neb. Rev. Stat. 48-2704 (Reissue 2010).



DEPARTMENT OF LABOR

## Instructions

**Non-Limited Initial Registration or Registration Renewal.** Please follow and fill out, as applicable, the information contained in Sections I through VII.

**Limited Registration or Registration Renewal.** Please follow and fill out, as applicable, the information contained in Sections I, II, III, IV, VI and VII.

**Return to:**  
Nebraska Department of Labor  
Labor Standards  
550 S. 16th Street  
Lincoln, NE 68508  
**PHONE** 402-471-3712  
**FAX** 402-471-5039  
**dol.nebraska.gov**

## I. Identification

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Name of Professional Employer Organization (PEO), including any trade names

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Address and phone number of principal place of business of PEO and of each office in Nebraska

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PEO's Taxpayer or Employer Identification Number

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## II. History

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List of jurisdictions in which the PEO has operated in the five years preceding the date of application, if any.

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Names under which the PEO has operated in the five years preceding the date of application, including any alternative names and trade names, if any.

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If the PEO has acquired, purchased, transferred or sold any interest or has otherwise been preceded or succeeded by another business entity within the five years preceding the date of application, provide the names of predecessor and/or successor business entities, if known.

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## III. Controlling Interest Holders and Officers

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List names, and provide business experience of any person that owns or controls 25% or more of the equity interest of the PEO.

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List names, and provide business experience of any person any person serving as president, chief executive officer, or senior executive officer of the PEO.

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## IV. Fees

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Fees must be paid at time of registration. Each Professional Organization, or Professional Organization Group, that is registering under the Act shall pay the fees as indicated below. Please indicate which form of registration you are submitting:

- Initial Registration:** Two Hundred Fifty Dollars (**\$250.00**).
- Renewal of Registration:** One Hundred Fifty Dollars (**\$150.00**).
- Initial Limited Registration:** One Hundred Dollars (**\$100.00**).
- Annual Renewal of Limited Registration:** One Hundred Dollars (**\$100.00**).

## V. Financial Statement

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**For PEOs or PEO groups with at least 12 (twelve) months of operating history:** a financial statement, prepared in accordance with generally accepted accounting principles, audited by an independent certified public accountant licensed to practice in the jurisdiction in which the accountant is located, that has been issued less than thirteen (13) months from the date of the application.

**For PEOs or PEO groups with less than 12 (twelve) months of operating history:** financial statements for the period of operation, prepared in accordance with generally accepted accounting principles by an independent certified public accountant licensed to practice in the jurisdiction in which the accountant is located, that has been issued less than thirteen (13) months from the date of the application.

## VI. Limited Registration

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If you are applying for limited registration under the Act, please answer the questions below. Please provide documentation in support of each statement that is checked.

The Professional Employer Organization or Group registering for limited registration under the Act herein:

- Is domiciled outside this state and is licensed or registered as a professional employer organization in another state.
- Does not maintain an office in this state or directly solicit clients located or domiciled within this state.
- Does not have more than fifty covered employees employed or domiciled in this state on any given day.

## VII. Attestation

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I hereby attest that, to the best of my knowledge, the information provided in this application is true and correct.

\_\_\_\_\_  
Signature of PEO Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of PEO Representative

\_\_\_\_\_  
Title of PEO Representative

Business Contact Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Website \_\_\_\_\_

End of Fiscal Year \_\_\_\_\_

\_\_\_\_\_  
Date