

PEO Registration Form

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



Instructions

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

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

Return to:
Nebraska Department of Labor
Labor Standards
550 S. 16th Street
Lincoln, NE 68508
PHONE 402-471-4712
EMAIL ndol.laborstdrdsinquiries@nebraska.gov
dol.nebraska.gov

I. Identification

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

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

PEO’s Taxpayer or Employer Identification Number

II. History

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

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.

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.

III. Controlling Interest Holders and Officers

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

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

IV. Fees

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

- ☐ **Initial Registration:** Two Thousand Five Hundred Dollars (**\$2,500.00**).
- ☐ **Renewal of Registration:** One Thousand Five Hundred Dollars (**\$1,500.00**).
- ☐ **Initial Limited Registration:** One Thousand Dollars (**\$1,000.00**).
- ☐ **Annual Renewal of Limited Registration:** One Thousand Dollars (**\$1,000.00**).

V. Financial Statement

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

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. Self-Funded Health Benefit Plan

The Professional Employer Organization offers a self-funded health benefit plan to its covered employees:

No ☐ Yes ☐ PEO is required to submit quarterly reports to the Department pursuant to Section 48-2706 (8).

VIII. Attestation

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 _____

Website _____

E-mail Address _____

End of Fiscal Year _____

Date