

U.S. Department of Labor

DRAFT
Bureau of Labor Statistics
Postal Square Building Suite 4840
2 Massachusetts Ave., NE
Washington, DC 20212-0001



October 2007

Dear Employer:

We recently sent you the enclosed form, but we have not yet received a response.

Your State agency and the U.S. Bureau of Labor Statistics (BLS) requested that you verify general business information about your firm. Please make any changes to the preprinted information on the enclosed Industry Verification Form and use the envelope provided to return the form within **14 days**. You should be able to verify the information on this form in about five minutes.

Even if the preprinted information is correct, we still need to hear from you. Please review the form to verify that there were no changes to your business information and return it within 14 days.

This survey is authorized by 29 U.S. Code, Section 2, and the State law referenced at the top of the enclosed form. The information collected by your State agency and BLS will be used for statistical and Unemployment Insurance program purposes and other purposes in accordance with law. Additional information regarding this survey can be found at: www.bls.gov/cew.

If you have any questions, please contact the State office listed on the bottom left side of the enclosed form.

If you have already responded, please disregard this notice and accept our thanks for your cooperation.

Sincerely,

Philip L. Rones, Deputy Commissioner
U.S. Bureau of Labor Statistics

Enclosure