## **U.S. Department of Labor**

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



October 2009

## Dear Employer:

Every few years, your State agency and the U.S. Bureau of Labor Statistics (BLS) request that you verify general business information about your firm. Please make any changes to the information on the enclosed Industry Verification Form and use the envelope provided to return the form within **14 days**. Even if the information is correct, we still need to hear from you. You should be able to verify the information on this form in about fifteen minutes.

This survey is **mandatory** in accordance with the State law referenced at the top of the enclosed form and is authorized by 29 U.S. Code, Section 2. 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: <a href="https://www.bls.gov/qcew/ivf/">www.bls.gov/qcew/ivf/</a>.

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

Thank you for your cooperation.

Sincerely,

Michael A. Searson, Survey Manager U.S. Bureau of Labor Statistics

## **Enclosures**

- 1. Industry Verification Form (BLS 3023-NVM)
- 2. Business Reply Mail Envelope