

THIRD REQUEST

Dear Employer,

We need your help! We recently asked you to complete a survey about green technologies and practices that your business uses, but we haven't heard from you yet.

Even if your business does not use these types of technologies and practices, we still need to hear from you to produce accurate statistics for the United States. You will need your account number and temporary password to report your data on line. This information is printed on the front of your survey form and also on the front of this card directly above your company name and address. Your account number begins with 105- and your temporary password begins with Gtp. There are several ways to report before we call you:

- By mail: Return your completed survey form in the postage-paid envelope
- On the Internet: https://idcf.bls.gov
- By email: Send a blank e-mail to GTP@IDCF.BLS.GOV to receive a fillable form.
- By phone: 1-866-406-0165

Green Technologies and Practices O.M.B. No. 1220-0184 Expires 09/30/2013			
 Please provide information only for the location in Number 1 below, even if you have more than one location. Please respond within 30 days to reduce follow-up costs. Please respond within 30 days to reduce follow-up costs. Need help? Send an e-mail to BLSGREEN@ESD.WA.GOV or call 1-866-406-0165. You can also respond using the Internet. For instructions please goto: www.bls.gov/respondents/gtp/forms.htm 			
1 If the physical location address shown below is no longer correct, please provide corrections in the space provided. The physical location address shown below is no longer correct, please provide corrections in the space provided. The physical location address shown below is no longer correct, please provided. The physical location address shown below is no longer correct, please provided.			
What was the total employment at this location as of September 12, 2012? Include: For incorporated firms – paid owners, officers, and staff employment here **Por incorporated firms – paid owners, officers, and staff employment incorporated firms – owners, proprietors, and partners end family workers **Workers assigned temporarily to other locations** **Workers and unpaid leave employment insurance employment insurance of the partners of			
Our records show that your main products or services are related to those listed below. If they are not, please list your main products or services in the space provided and continue with the rest of the survey. Current product or service description: Sister Corrections Piece Piece			
Printed on Recycled Paper			

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US Department of Labor Bureau of Labor Statistics 2 Massachusetts Ave, NE Room 2135 Washington, DC 20212



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