

Industry Verification Form, BLS 3023 NVM
Form Approved, O.M.B. No. 1220-0032
UTANA DEPARTMENT OF LABOR AND INDUSTRY
In cooperation with the U.S. Department of Labor



1 This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results of this survey complete, accurate, and timely.

2 The questions on this form concern the work locations of the business using Unemployment Insurance account number 1234567890 IN UTANA.

ABC ENTERPRISES
SUITE 123
1234 MAIN STREET
SOMECITY UA 12345-6789

3 Please provide a contact for us if we have questions about this report. *(Please print)*

Name: _____ Phone: (_____) _____

E-mail Address: _____

Business Website Address: _____

4 Please return the completed form to this address within 14 days. For questions concerning this form, contact:

UTANA DEPARTMENT OF LABOR AND INDUSTRY
DIVISION OF RESEARCH AND STATISTICS - QCEW
12345 CENTER STREET, ROOM 200
SOMECITY, UA 12345-9876 INTERNET: <http://www.utana.dol.gov>
PHONE: 1-123-321-4321 FAX: 123-321-4421

PLEASE CONTINUE ON THE BACK OF THIS PAGE.

Purpose and Use: The purpose of this report is to update information on the products or services of each worksite covered by the Unemployment Insurance account number shown in Item 2 above. The information will be used to ensure that we assign the correct North American Industry Classification System (NAICS) code to each worksite, and that our records contain the correct names and addresses. The information collected on this form by the Bureau of Labor Statistics and the State agencies cooperating in its statistical programs will be used for statistical and Unemployment Insurance program purposes, and other purposes in accordance with law.

Time of Completion: Time of completion is estimated to vary from 10 to 60 minutes with an average of 15 minutes per form. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding these estimates, or any other aspect of this survey, send them to the Bureau of Labor Statistics, Division of Administrative Statistics and Labor Turnover (NVM), Room 4840, 2 Massachusetts Avenue N.E., Washington, D.C. 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB number. The OMB control number for this survey is 1220-0032.

OFFICE USE	FY14	11/01/13
UI	EMPL	OWN
1234567890	56	5



INSTRUCTIONS

1. Each page of this report shows an industry description and a list of individual work locations. Begin by reviewing the industry description at the top of the page.
2. Use the address, county or other geographic unit, approximate employment, and any other printed information to identify each work location.
3. Complete Parts A and B for each work location.

PART A: See if the industry at the top of the page describes the *main* activity in the past 12 months at each work location. The answer can be "YES" even if the location's activities do not include everything listed in the description.

- *If Yes*..Check "YES" and go on to the next location.
- *If No*...Check "NO". Continue with Part B.

PART B: If you answered "NO" to Part A, describe the *main* business activity in the past 12 months at this location. Please be as detailed as possible so that we can assign an accurate industry code.

- If this location deals in *goods or products*, what are the products, and what is done with them? For example, do you design, manufacture, sell directly to consumers, distribute to wholesalers, install, repair, or do something else with them? Is the merchandise new or used?
- If you *manufacture* products, what are the primary materials and the *main* production methods?
- If you provide *services*, please describe in detail what those services are, and whether your clients are businesses, individuals, or a combination of the two. If this is construction, is the work mostly residential or nonresidential?

CLOSED OR SOLD LOCATIONS. If a location has been **closed** or **sold**:

- Draw a line through the information above Part A.
- Write "Closed" or "Sold" and the date this took place.
- In Part B, describe the business activity at this location if it was different from the industry description at the top of the page.
- If this location was *sold*, please provide the name of the company that made the purchase and that company's Unemployment Insurance account number (if you know it).

ADDITIONAL LOCATIONS NOT LISTED. Does the company have additional locations that use this Unemployment Insurance account number that are not listed on the following pages? If so, please attach a separate sheet with the following information for each location.

- List the address.
- Describe the business activity, using the guidelines provided for Part B above.
- *If you have purchased the location from another company*, also provide the name of the company that sold the location and that company's Unemployment Insurance account number (if you know it).

4. **QUESTIONS?** For questions concerning this form, contact the state agency listed on the front of this page.
5. **RETURN THE FORM.** Return the completed form within 14 days to the address in Item 4 on the front of this page.

Thank you for your cooperation!

INDUSTRY DESCRIPTION UI Number 1234567890 in Utana
 Our records show that the main activity of the businesses listed below is:

RESIDENTIAL structural framing and sheathing using materials other than structural steel or concrete. May include new work, additions, alterations, maintenance, and repairs.

EXAMPLES:

- * Framing contractors for residential buildings working in steel or wood
- * Residential post frame contractors
- * Residential steel framing contractors
- * Fabrication of wood frame components such as trusses on residential sites.

DOES NOT INCLUDE finish carpentry, installing structural steel, or installing precast concrete framing or structural elements.

RESIDENTIAL SERVICES CO
 345 LEXINGTON BLVD
 RICHMOND UA 12657

COUNTY: REDMOND
 Approximate Employment: 10
 STORE #201

OFFICE USE
 00001 3 001
 238130 000

A. Does the industry description block above show the **main** business activity at this location? YES NO...Continue with part B.

B. If you checked NO, describe your business and list your main products or services at this location. Show the approximate percentage of each.

_____ %
 _____ %
 _____ %

RESIDENTIAL SERVICES CO
 459 OX ROAD, SUITE 209
 DANVILLE UA 12778-0004

COUNTY: LOGAN
 Approximate Employment: 15
 STORE #202

OFFICE USE
 00002 3 003
 238130 000

A. Does the industry description block above show the **main** business activity at this location? YES NO...Continue with part B.

B. If you checked NO, describe your business and list your main products or services at this location. Show the approximate percentage of each.

_____ %
 _____ %
 _____ %

RESIDENTIAL SERVICES CO
 33446 HIGHWAY 24
 HARRISONBURG UA 11278

COUNTY: ROCKINGHAM
 Approximate Employment: 11
 CENTRAL ADMINISTRATIVE OFFICE

OFFICE USE
 00003 3 005
 238130 000

A. Does the industry description block above show the **main** business activity at this location? YES NO...Continue with part B.

B. If you checked NO, describe your business and list your main products or services at this location. Show the approximate percentage of each.

_____ %
 _____ %
 _____ %

RESIDENTIAL SERVICES CO

COUNTY: _____
 Approximate Employment: 20

OFFICE USE
 00004 3 999
 238130 000

A. Does the industry description block above show the **main** business activity at this location? YES NO...Continue with part B.

B. If you checked NO, describe your business and list your main products or services at this location. Show the approximate percentage of each.

_____ %
 _____ %
 _____ %

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