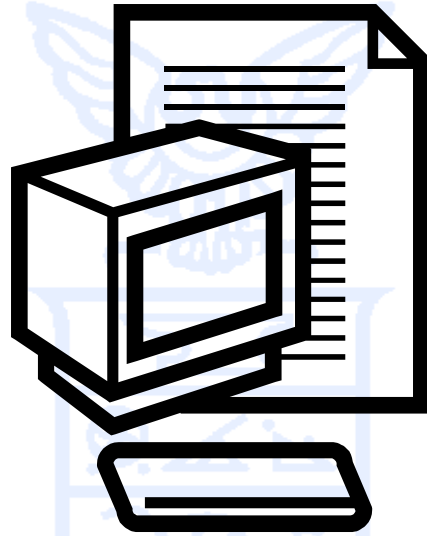


ELECTRONIC FORMS SYSTEM (EFS)

Guide to Preparing the LM-3



Office of Labor-Management Standards (OLMS)

<http://www.olms.dol.gov>

ELECTRONIC FORMS SYSTEM (EFS)

LM-3

EFS is a web-based system for completing and filing Form LM-3 Labor Organization Annual Report.

This tutorial demonstrates basic features and functionality of the EFS LM-3 form. It does not contain instructions for what information should be provided on your report.

You can download a complete set of LM-3 Instructions from the OLMS website at:

http://www.dol.gov/olms/regs/compliance/LM-3_Instructions_AR.pdf

System Requirements and Settings

To access and use the EFS, OLMS recommends you use one of the following browsers:

- Microsoft Internet Explorer – Version 6 or higher
- Firefox – Version 3 or higher

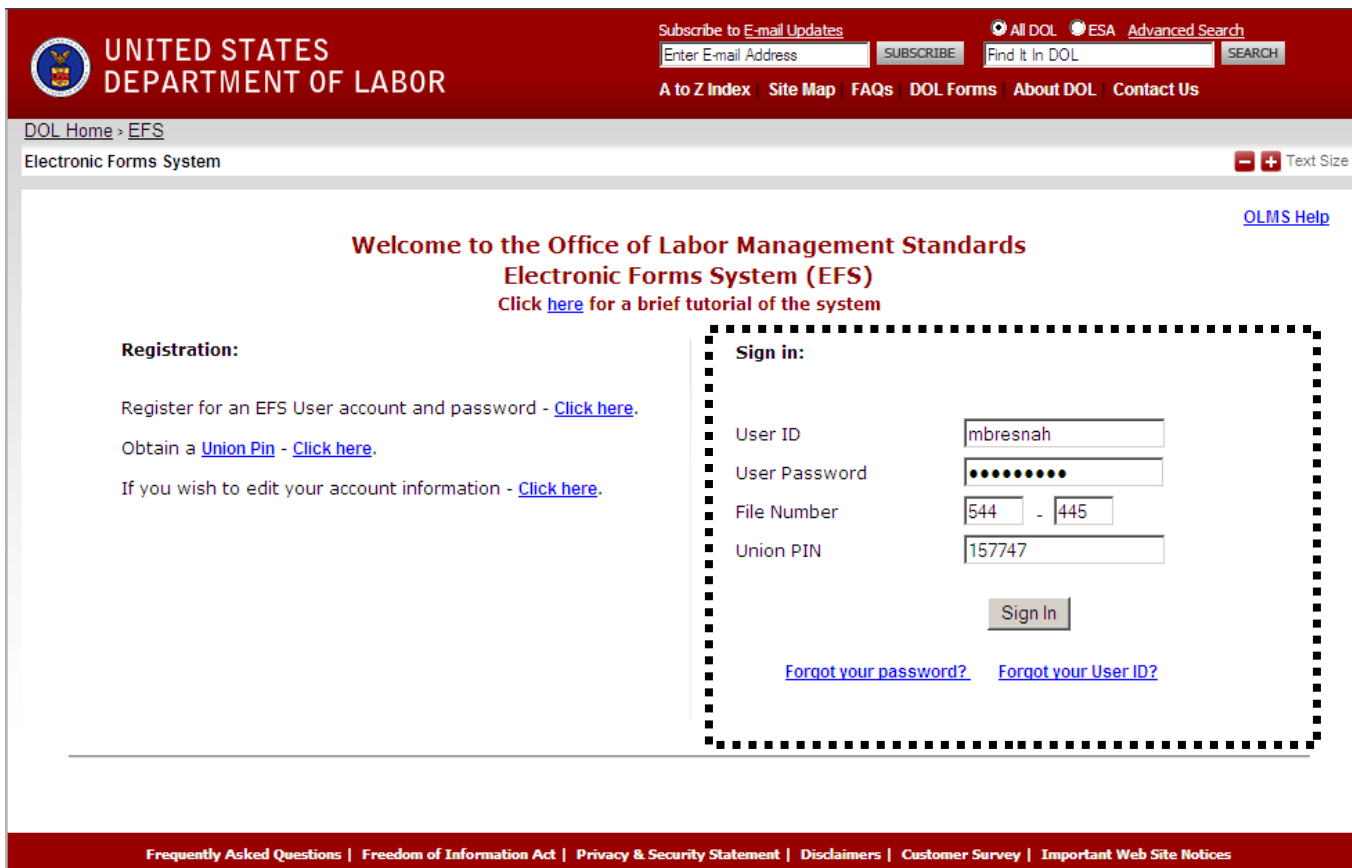
Screen Resolution:

For optimal viewing, set your screen resolution to 1280 x 1024 or greater. OLMS recommends that at a minimum you set your screen resolution to 1152 x 864 to avoid horizontal scrolling.

Accessing the System

Log into EFS using your user ID and password and the filing union's six-digit file number and unique union PIN.

(Please see the tutorial on how to register if you do not have a user ID or a union PIN.)



The screenshot shows the Electronic Forms System (EFS) login page. At the top, there is a red header with the United States Department of Labor logo and navigation links. Below the header, the page title is "Electronic Forms System". The main content area is titled "Welcome to the Office of Labor Management Standards Electronic Forms System (EFS)" and includes a link to a tutorial. On the left, there is a "Registration:" section with links for creating an account, obtaining a Union Pin, and editing account information. On the right, there is a "Sign in:" section with a dashed border, containing input fields for User ID (mbresnah), User Password (masked with dots), File Number (544 - 445), and Union PIN (157747), along with a "Sign In" button and links for "Forgot your password?" and "Forgot your User ID?". The footer contains various links like "Frequently Asked Questions" and "Privacy & Security Statement".

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DOL Home > EFS

Electronic Forms System Text Size

[OLMS Help](#)

Welcome to the Office of Labor Management Standards Electronic Forms System (EFS)

Click [here](#) for a brief tutorial of the system

Registration:

Register for an EFS User account and password - [Click here](#).

Obtain a [Union Pin](#) - [Click here](#).

If you wish to edit your account information - [Click here](#).

Sign in:

User ID

User Password

File Number -

Union PIN

[Forgot your password?](#) [Forgot your User ID?](#)

Frequently Asked Questions | Freedom of Information Act | Privacy & Security Statement | Disclaimers | Customer Survey | Important Web Site Notices

Accessing the System

Select one of the options displayed on the screen.

(Please note that the only forms that you can amend in EFS are ones that were filed using EFS.)

[Logout](#)

What would you like to do?

- Continue to work on forms in progress
- Start a new form
- Amend an already submitted form

New Form

The Electronic Forms System customizes the LM report with your Union's information.

Fiscal Year Selected

2011

LM-3

Form Selected

Period Covered

Begin Date

01/01/2011

End Date

12/31/2011

Get Form

Select LM-3
from the
dropdown

**Note: You must
change the "period
covered" dates before
obtaining the form!**

LM-3 Page 1

The EFS form looks similar to the old Adobe form. Your union information is pre-filled, as are the start-of-period figures on Statement A.

www.olms.dol.gov

- [PAGE 1](#)
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- [ITEM 24](#)
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- [ADDNL INFO](#)
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Save Import Add Attachments Validate Submit Help Print											
FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 IN TOTAL ANNUAL RECEIPTS											
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	Form Approved Office of Management and Budget No. 1245-0003 Expires: 10-31-2013										
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.											
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.											
For Official Use Only E	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> 1. FILE NUMBER 544-445 </td> <td style="width: 30%; vertical-align: top;"> 2. PERIOD COVERED MO DAY YEAR From 01/01/2011 Through 12/31/2011 </td> <td style="width: 40%; vertical-align: top;"> 3. (a) AMENDED - If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL - If your organization ceased to exist and this is its terminal report, see section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY - If this is a report for a subsidiary organization of your union as defined in section X of the instructions, check here: <input type="checkbox"/> </td> </tr> </table>	1. FILE NUMBER 544-445	2. PERIOD COVERED MO DAY YEAR From 01/01/2011 Through 12/31/2011	3. (a) AMENDED - If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL - If your organization ceased to exist and this is its terminal report, see section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY - If this is a report for a subsidiary organization of your union as defined in section X of the instructions, check here: <input type="checkbox"/>							
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4. AFFILIATION OR ORGANIZATION NAME FACTORY WORKERS	8. MAILING ADDRESS (Type in capital letters) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">First Name JOHN</td> <td style="width: 50%;">Last Name SMITH</td> </tr> <tr> <td colspan="2">P.O. Box - Building and Room Number (if any) ROOM 1A</td> </tr> <tr> <td colspan="2">Number and Street 1234 MAIN STREET</td> </tr> <tr> <td colspan="2">City PITTSBURGH</td> </tr> <tr> <td>State PA</td> <td>ZIP Code + 4 54321-1234</td> </tr> </table>	First Name JOHN	Last Name SMITH	P.O. Box - Building and Room Number (if any) ROOM 1A		Number and Street 1234 MAIN STREET		City PITTSBURGH		State PA	ZIP Code + 4 54321-1234
First Name JOHN	Last Name SMITH										
P.O. Box - Building and Room Number (if any) ROOM 1A											
Number and Street 1234 MAIN STREET											
City PITTSBURGH											
State PA	ZIP Code + 4 54321-1234										
5. DESIGNATION (Local, Lodge, etc.) 6. DESIGNATION NUMBER 7. UNIT NAME (if any) PITTSBURGH REGION	9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input type="radio"/> No <input type="radio"/>										
Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)											
57. SIGNED: _____ PRESIDENT (If other title, see instructions)	58. SIGNED: _____ TREASURER (If other title, see instructions)										
Date: _____ Telephone Number: _____	Date: _____ Telephone Number: _____										

Navigation

You can easily move through the form by using the navigation links to the left to go directly to a page or by scrolling through pages using the arrows at the top.

www.dol.gov

PAGE 1

PAGE 2

ITEM 24

STMT A & B

ADDNL INFO

VALIDATION SUMMARY

[Save](#)

[Import](#)

[Add Attachments](#)

[Validate](#)

[Submit](#)

[Help](#)

[Print](#)

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210		FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$250,000 IN TOTAL ANNUAL RECEIPTS		Form Approved Office of Management and Budget No. 1245-0003 Expires: 10-31-2013					
This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.									
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.									
For Official Use Only E		1. FILE NUMBER 544-445		2. PERIOD COVERED MO DAY YEAR From 01/01/2011 Through 12/31/2011		3. (a) AMENDED - If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL - If your organization ceased to exist and this is its terminal report, see section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY - If this is a report for a subsidiary organization of your union as defined in section X of the instructions, check here: <input type="checkbox"/>			
4. AFFILIATION OR ORGANIZATION NAME FACTORY WORKERS				5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER		8. MAILING ADDRESS (Type in capital letters) First Name JOHN Last Name SMITH P.O. Box - Building and Room Number (if any) ROOM 1A Number and Street 1234 MAIN STREET City PITTSBURGH State PA ZIP Code + 4 54321-1234	
7. UNIT NAME (if any) PITTSBURGH REGION				9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 56.) Yes <input type="radio"/> No <input type="radio"/>					
Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)									
57. SIGNED: _____		PRESIDENT		58. SIGNED: _____		TREASURER			
		(If other title, see instructions)				(If other title, see instructions)			
Date: _____		Telephone Number: _____		Date: _____		Telephone Number: _____			

Getting Help Within the Form

The form has several built-in help functions.

Mouse-over text that displays information on what to report or how to enter data into a field is available on many items.

11. During the reporting period did the labor organization create or participate in the administration of a trust or other fund or organization?

Yes
No

12. During the reporting period did the labor organization create or participate in the administration of a trust or other fund or organization?

Yes
No

13. During the reporting period did the labor organization acquire or dispose of any assets in any trust or other fund or organization?

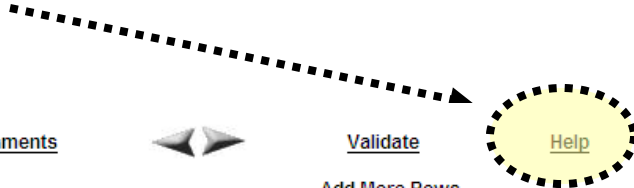
Yes

"A trust in which a labor organization is interested" is defined in Section 3(l) of the LMRDA (29 U.S.C. 402(l)) as a trust or other fund or organization (1) which was created or established by a labor organization, or one or more of the trustees or one or more members of the governing body of which is selected or appointed by a labor organization, and (2) a primary purpose of which is to provide benefits for the members of such labor organization or their beneficiaries.

22. What is the date of your organization's next regular election of officers?

Getting Help Within the Form

Click the “Help” link at the top of each page to open the form instructions for the current page in a new window.



PAGE 1

PAGE 2

ITEM 24

STMT A & B

ADDNL INFO

VALIDATION SUMMARY

[Save & Calculate](#)

[Import](#)

[Add Attachments](#)



[Validate](#)

[Help](#)

[Print](#)

24.ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

[Add More Rows](#)

FILE NUMBER:544-445

(A)Name	(List all persons who held office during the reporting period even if they re	(D)	(E)	(F)
(B)Title	(Ent	re		
1. Last Name	Title			
2. Last Name	Title			
3. Last Name	Title			
4. Last Name	Title			
5. Last Name	Title			
Total				
The Total from				
(If any officer v				
56 Additional I				



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Office of Labor-Management Standards (OLMS)

[< Page 2](#)

[Statement A >](#)

FINANCIAL DETAILS

REPORT ONLY DOLLAR AMOUNTS

Report all amounts in dollars only. Round cents to the nearest dollar. Amounts ending in \$.01 through \$.49 should be rounded down. Amounts ending in \$.50 through \$.99 should be rounded up.

REPORTING CLASSIFICATIONS

Complete all items and lines on the form as given. Do not use different accounting classifications or change the wording of any item or line.

LIST OF OFFICERS AND DISBURSEMENTS TO THEM

ITEM 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS — List all your organization's officers and report all salaries and other direct and indirect disbursements to officers during the reporting period. However, direct and indirect disbursements not involving the payment of some form of cash (cash, checks, money orders, etc.) should not be reported in Item 24 but must be explained in Item 56. Any direct or indirect cash disbursement required to be included in Item 24 should not be reported in other disbursement items.

If additional lines are required, click the "Add More Disbursements To Officers" button at the top of the schedule. The software automatically adds lines to the schedule in increments of ten.

NOTE: A "direct disbursement" to an officer is a payment made by your organization to the officer in the form of cash, property, goods, services, or other things of value.

An "indirect disbursement" to an officer is a payment made by your organization to another party for cash, property, goods, services, or

Menu Items

The menu across the top of the form contains the following items:

Save & Calculate

Import

Add Attachments



Validate

Help

Print

1. **Save and Calculate** – Click this item to save the current page and perform all mathematical calculations. Calculations are not performed automatically because doing so would dramatically reduce the speed of the application. It is important to click Save and Calculate at regular intervals when entering data in the form. If you do not save, you will be prompted to do so when you navigate away from a page.
2. **Import** – Click this item to open the Import page for importing schedule data. You can import into any schedule by clicking this link. You do not need to have a schedule open to import data for its completion.
3. **Add Attachments** – Click this item to open the Add Attachments page where supplemental information (like a constitution and bylaws or audit report) can be uploaded. The uploaded data can then be submitted with the form.
4. **Validate** – Click this item to run the form validation routine, which checks the form for missing data. Each page has its own set of validations, and you will be prompted to fix these items before leaving the page if you wish. All validations must be satisfied before the form can be signed and submitted.
5. **Help** – Click this item to take you to page-specific instructions for completing the form. You can navigate through the instructions page by page, or download/print a copy from our website at: http://www.dol.gov/olms/regs/compliance/LM-3_Instructions_AR.pdf
6. **Print** – Click this item to open a facsimile of the electronically completed LM-3. You can save a copy of this report to your computer and share it with others who may need to prepare or review the document. You may save a copy of the final signed report prior to submission.

Additional Information

Throughout the form, there are places where the system will prompt you to enter additional information. You have the option to check a box to enter the information later, and the Additional Information prompt will remain red to remind you that you will need to enter additional information before submitting your report.

To go back and enter the additional information, double-click on the **AI** icon and enter the additional information. The prompt will turn green, indicating that additional information has been entered.

The Additional Information Summary can be found in the left navigation pane.

Additional Information - Trust or Fund

Please provide the full name, address, and purpose of each trust. If a report has been filed for the trust or other fund under the Employee Retirement Income Security Act of 1974 (ERISA), report in Item 56 the ERISA file number (Employer Identification Number - EIN) and plan number, if any.

Please Note: You must press SAVE or ENTER LATER button to exit the Additional Information data entry process.

FWC, INC.
555 Main Street

Yes **AI** ← Additional Information entered
No

Yes ***AI** ← Additional Information needs
No to be entered

Additional Information

- PAGE 1
- PAGE 2
- ITEM 24
- STMT A & B
- ADDNL INFO**
- VALIDATION SUMMARY

Click the ADDNL INFO link in the left navigation pane to display the Additional Information Summary page.

To enter any other additional information required by the form instructions, click the General Information link.

[Save & Calculate](#)

[Import](#)

[Validate](#)

[General Information](#)

[Print](#)

56.ADDITIONAL INFORMATION SUMMARY

FILE NUMBER:544-445

1.Question 11: FCW, INC
555 Main Street

To go to the item, click on the blue additional information text.

56.ADDITIONAL INFORMATION SUMMARY

1.Question 11: FWC, INC.
555 Main Street

Entering Data into the Form

There are two ways to enter schedule data in the form: manually entering data and importing data.

Manual entry may require you to add more rows to a schedule. A blank schedule in EFS has ten rows. If you need more than ten rows, click the “Add More Rows” link located at the top of the schedule. This will add an additional ten rows

PAGE 1
PAGE 2
ITEM 24
STMT A & B
ADDNL INFO
VALIDATION SUMMARY

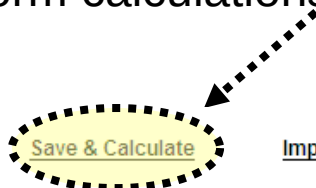
[Save & Calculate](#) [Import](#) [Add Attachments](#) [Validate](#) [Help](#) [Print](#)

24.ALL OFFICERS AND DISBURSEMENTS TO OFFICERS [Add More Rows](#) FILE NUMBER: 544-445

(A)Name	(B)Title	(C)Status *	(D)Gross Salary (before taxes and other deductions)	(E)Allowances and Other Disbursements	(F)TOTAL
1. Last Name First Name Middle Initial Title Status					\$0
2. Last Name First Name Middle Initial Title Status					\$0
3. Last Name First Name Middle Initial Title Status					\$0
4. Last Name First Name Middle Initial Title Status					\$0
5. Last Name First Name Middle Initial Title Status					\$0
Total					
				Less Deductions	
The Total from Net Disbursements will be entered in Item 45 (If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 Additional Information.)				Net Disbursements	

Entering Data into the Form

After entering data in a schedule, click the “Save & Calculate” link to perform calculations.



[Save & Calculate](#)

[Import](#)

[Add Attachments](#)



[Validate](#)

[Help](#)

[Print](#)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

[Add More Rows](#)

FILE NUMBER: 544-445

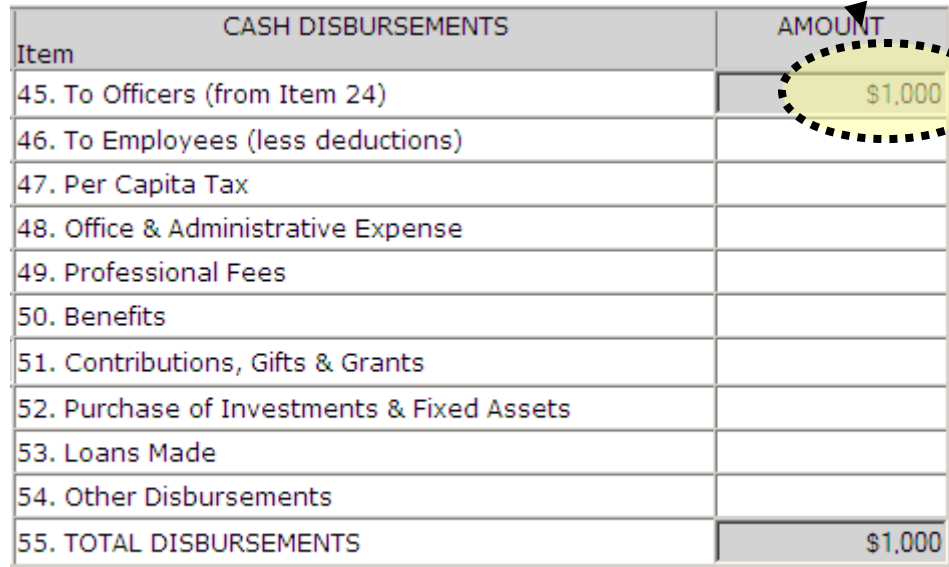
(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)	(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	(C) Status *	(D) Gross Salary (before taxes and other deductions)	(E) Allowances and Other Disbursements	(F) TOTAL
1. Last Name Thomas	First Name K	Middle Initial	\$1,000		\$1000
Title President	Status C-Continuing Officer				

The calculated totals will display in the Totals fields:

Total	\$1,000	\$0	\$1,000
		Less Deductions	
The Total from Net Disbursements will be entered in Item 45 (If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56 Additional Information.)		Net Disbursements	\$1,000

Entering Data into the Form

The schedule data carries forward to the statements.



The table displays a list of cash disbursements items and their corresponding amounts. A callout box highlights the amount for item 45, which is \$1,000. The total disbursements for all items is also shown as \$1,000.

Item	CASH DISBURSEMENTS	AMOUNT
45. To Officers (from Item 24)		\$1,000
46. To Employees (less deductions)		
47. Per Capita Tax		
48. Office & Administrative Expense		
49. Professional Fees		
50. Benefits		
51. Contributions, Gifts & Grants		
52. Purchase of Investments & Fixed Assets		
53. Loans Made		
54. Other Disbursements		
55. TOTAL DISBURSEMENTS		\$1,000

Importing Data into the Form

To import data into the form, click the “Import” link on the top menu bar.



Item 24, All Officers and Disbursements to Officers, can be imported into Form LM-3. Select the import source from the dropdown menu.

IMPORT ITEM24

Select Source Of Import Data

Select Import File

A file in CVS or XML format is required to import data. These are the same formats used in the previous Form LM-3 system. For detailed information on creating import files, download the Data Specification Document found on the OLMS website at:

<http://www.dol.gov/olms/regs/compliance/dsd.htm>

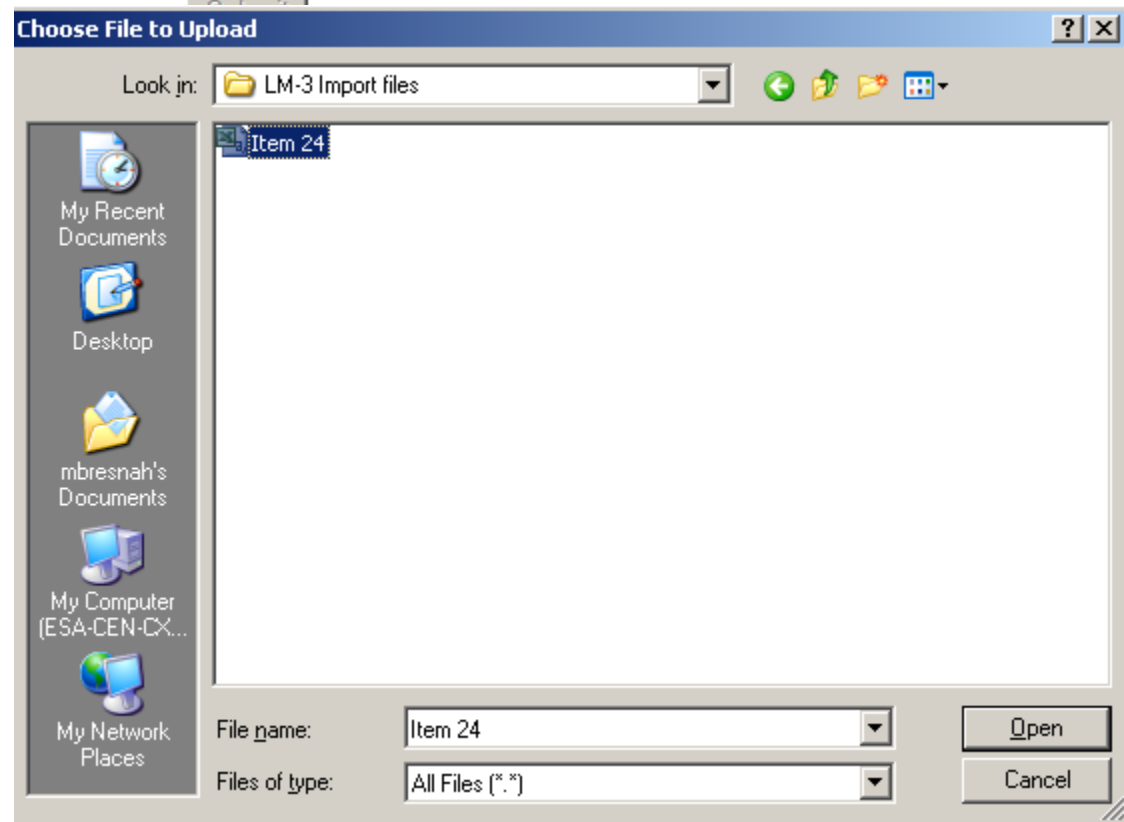
Importing Data into the Form

Click “Browse” to select the file to be imported.

IMPORT ITEM24

Select Source Of Import Data

Select Import File



Importing Data into the Form

Click “Submit” to import the data file. If the import is successful, the data will display in the schedule. Click the “**Save & Calculate**” link before moving to the next schedule.

Note:

Large import files will import quickly, but saving the imported files to the database will take some time. An hourglass icon or the “Please wait” indicator bar shown below will let you know the system is working to save the data. Please be patient when working with large amounts of data.

Importing Data into the Form

If any formatting problems are found in the data file during import, a list of errors needing correction will display.

The import operation failed to complete. Import file has following errors.

Source Of Import Data: CSV

Import File: C:\FAKEPATH\IMPORTCSV.CSV

Error/Warning Messages

```
Error:line 8:column5:The required field 'status' was not provided.  
Processed 11 input lines.  
1 errors, 0 warnings.
```

You can save and print the error report to help with the correction process.

All errors must be corrected before the file can be imported.

The Data Specification Document located on the OLMS website gives detailed guidance on the required data schema.

Save

Print

Attachments: Attaching Supplemental Data

As with the previous forms system, EFS allows you to attach data, such as constitutions and bylaws, that may be required to be submitted with the report.

To begin the process of adding an attachment, click the “Add Attachments” link on the top menu bar.

[Add Attachments](#)

Note: While the system does not prevent them from being uploaded, certain file formats cannot be read by our system. The following file formats **can** be read:

- Adobe PDF
- Microsoft Word
- Microsoft Excel
- Rich Text Format
- HTML
- Standard Picture formats JPEG, BMP, GIF
- Text files

Attachments: Attaching Supplemental Data

Save & Calculate

Import

Add Attachments



Validate

ATTACHMENTS

Select Type of Attachment

Select File

- Constitution and/or Bylaws
- Audit Report
- Other

Browse...

Attached Files

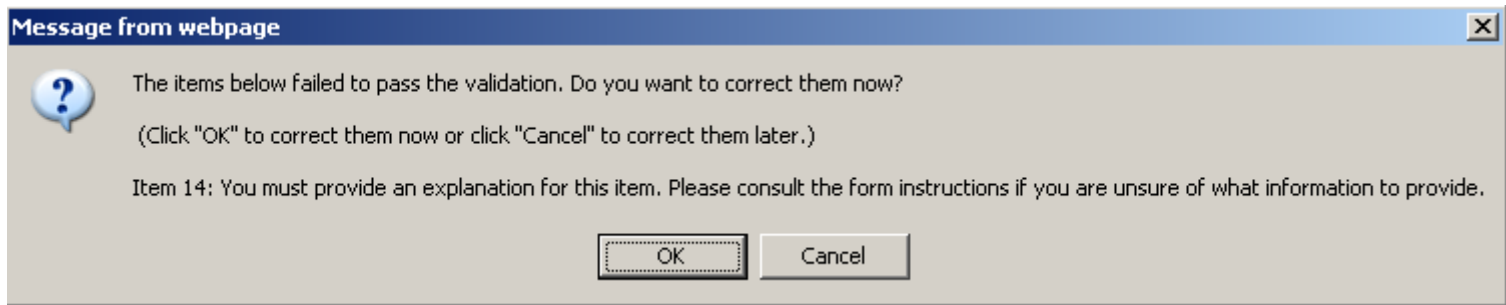
<input type="checkbox"/>	Attachment	Type	Open	Delete
<input checked="" type="checkbox"/>	test.pdf	Bylaws and Other Attachments		
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Select the type of attachment you want to upload. Reviewers can view attachments by selecting the check box to the left of the attachment name and clicking the open link.

Validation

There are two types of validations built into the form to help ensure that the correct data is being entered into the form: Page Level Validations and Form Level Validations.

Page Level Validations occur before you navigate away from a page. A pop up message will alert you of items that must be corrected before the form can be signed and submitted.



If you click **OK** you can correct the item before leaving the page.

If you click **Cancel**, you can correct the item later. You will be prompted to make the correction during form validation.

Validation

Form Level Validations occur as a final check before the form can be submitted. You must click the “Validate” link on the top menu bar.

The screenshot shows a web application interface. On the left is a vertical navigation menu with the following items: PAGE 1, PAGE 2, ITEM 24, STMT A & B, ADDNL INFO, and VALIDATION SUMMARY (which is highlighted in red). The top menu bar contains the following options: Save & Calculate, Import, Add Attachments, a left-pointing arrow, Validate, and Print. In the top right corner, the text 'FILE NUMBER:544-445' is displayed. The main content area is titled 'VALIDATION SUMMARY PAGE' and contains a list of two items:

- 1.Item 11: You must provide an explanation for this item. Please consult the form instructions if you are unsure of what information to provide.
- 2.Item 17: You must provide an explanation for this item. Please consult the form instructions if you are unsure of what information to provide.

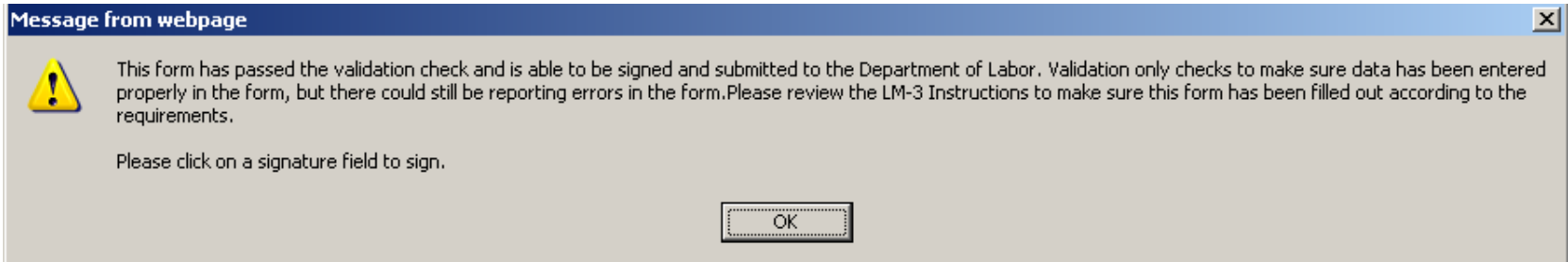
Below the list are several empty rows, suggesting a scrollable area for more items.

The system will open the Validation Summary Page containing a list of items that must be corrected.

You can click on each item and be taken to the page where the item can be corrected. For more information on what should be provided for these items, consult the form instructions.

Signing the Form

Once all of the validation items have been corrected, the form is ready to be signed.



The signature blocks will turn red, indicating the form can be signed.

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

57. SIGNED:	Click Here to Sign	<input type="text" value="PRESIDENT"/>	58. SIGNED:	Click Here to Sign	<input type="text" value="TREASURER"/>		
		(If other title, see instructions)			(If other title, see instructions)		
Date:	<input type="text"/>	Telephone Number:	<input type="text"/>	Date:	<input type="text"/>	Telephone Number:	<input type="text"/>

Note: All officers who must sign the form must have established user accounts and must log into EFS with their account information to sign the form.

Signing the Form



You must re-enter your password to sign the form. By doing so, you are legally attesting that you are the person identified by name in the signature block and a duly authorized officer of the union.

Treasurer's Signature	
By entering my name and password below, I attest that I am John Smith , a duly authorized officer of the above labor organization, and declare, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any attached documents) has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.	
First Name	<input type="text" value="John"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text" value="Smith"/>
Date	<input type="text" value="03/03/2011"/>
Password	<input type="password" value="••••••••"/>
Phone Number	<input type="text" value="2025551212"/>
<input type="button" value="Sign"/> <input type="button" value="Cancel"/>	

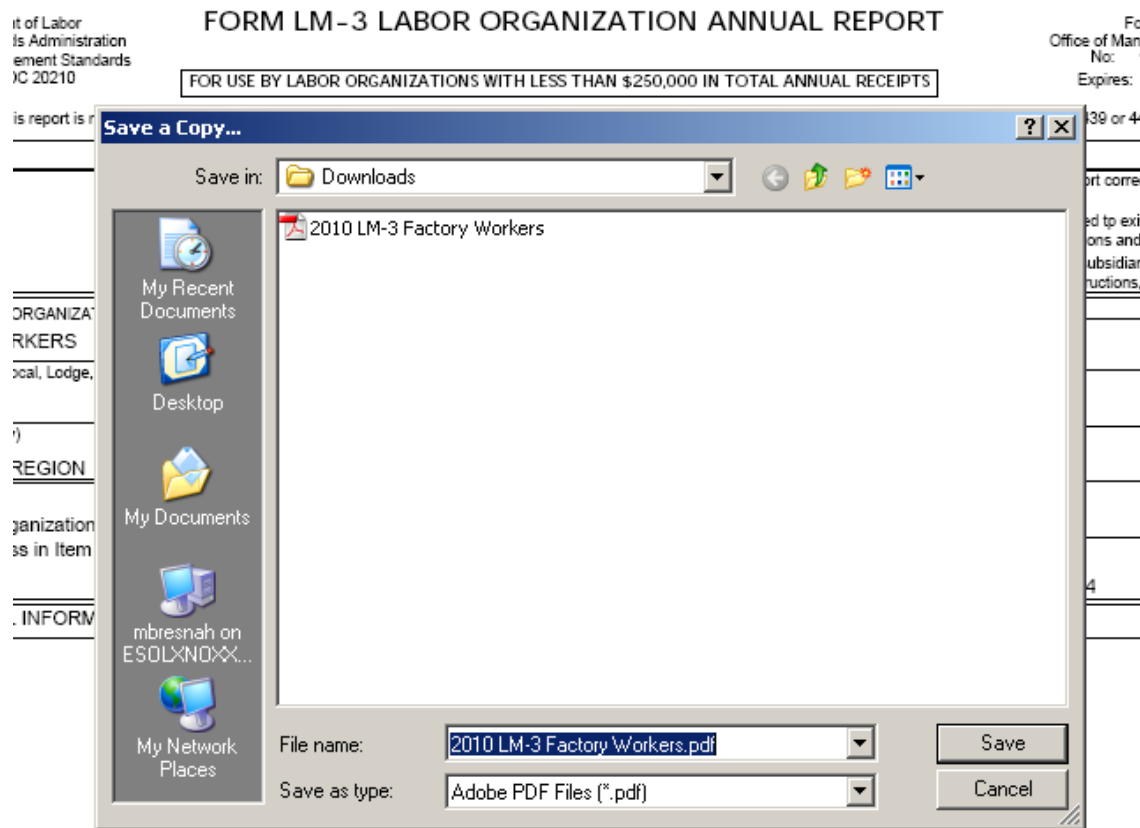
Signing the Form

A minimum of two signatures are required to submit the report.

Once the report has been signed, if any changes are made to any fields on the form, the signatures will be removed and the form must be validated and signed again.

Save a Signed Copy

Click the “Print” link and click “File→ Save As” to save a signed copy of the report as a PDF to your computer. Do this before submitting the report.



Note: You can obtain a copy of the submitted report from the Online Public Disclosure site. Please see the next section for information on this.

Submitting the Form

Once the signatures have been applied, the form can be submitted.

Click the “Submit” link from the top menu bar. Once the form has been processed (this may take a few minutes) a confirmation message will display:

[Logout](#)

Your LM-3 Form has been successfully accepted for processing.
Your confirmation number is: 544445-441031-20110303113425
Please make a note of this number for your records.

To view your submitted LM-3 report, visit the OLMS Online Public Disclosure Room
OLMS Online Public Disclosure Room link:
<http://www.dol.gov/olms/regs/compliance/rrlo/lmrda.htm>

You can print this message by going to “File→ Print,” or simply copy and paste the text from the page into an email or word processing document.

You should now be able to view your submitted report in the Online Public Disclosure Room, by using the link shown above.

Troubleshooting

During peak filing periods, you may experience a slowdown in saving and validating the report.

During these busy periods, you may see an error that looks like this:



Please wait a few minutes and try again. However, if you continue to experience the problem, please contact our technical support desk. See the next page for information on how to get help.

Getting Help

**If you experience difficulty using EFS, please contact
OLMS Form Technical Support toll-free at:
1-866-401-1109**

This PowerPoint presentation and other information regarding EFS can be found on our website at the following URL:

<http://www.dol.gov/olms/regs/compliance/efs/efsintro.htm>

If you have additional questions or comments please contact OLMS:
E-mail OLMS at olms-public@dol.gov
or contact your local OLMS District Office