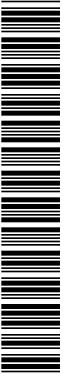


UTANA DEPT OF LABOR AND EMPLOYMENT  
LABOR MARKET INFORMATION  
123 MAIN STREET  
SUITE 100  
ANYTOWN, UA 11111-2222  
Phone: (123) 456-7890



**UNITED STATES DEPARTMENT OF LABOR**  
Bureau of Labor Statistics  
Postal Square Building Suite 4840  
2 Massachusetts Ave., NE  
Washington, DC 20212-0001



ABC COMPANY  
ATTN: PAYROLL  
456 FRONT STREET  
SOMECITY, UA 45678-9000

99

Date

Dear Employer,

Every three years, the Utana Department of Labor and the Bureau of Labor Statistics (BLS) request that you verify general business information about your firm to help us maintain accurate records. Your cooperation is essential so that we are able to produce data that are complete, accurate, and timely.

To reduce costs and save tax dollars, the Industry Verification Form has been moved online and can be completed in about fifteen minutes. To further reduce costs, the Industry Verification web system was developed alongside the existing web system for the Multiple Worksite Report, BLS-3020, which you also file for your firm.

Please use the User ID and password below to log into our secure website: <https://idcf.bls.gov/>

**USER ID: 106123456789**

**PASSWORD: Ab123456**

You will find detailed reporting instructions on the back of this letter.

This survey is authorized by 29 U.S. Code, Section 2.

The Industry Verification Form, BLS-3023 is approved with O.M.B No. 1220-0032, in cooperation with the U.S. Department of Labor. The information collected by the Utana Department of Labor 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/respondents/ars/](http://www.bls.gov/respondents/ars/)

Please provide your response by **Date**. Thank you in advance for your cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Emily Thomas".

Emily Thomas  
U.S. Bureau of Labor Statistics



0003087

## Instructions:

1. Log into the secure website at <https://idcf.bls.gov> using the temporary User ID and Password on the front side.
2. Follow the system prompts to set up your permanent account by choosing a new password and taking note of your new User ID.
3. Verify your contact information.
4. In the dropdown box next to 'Please select a survey,' select **the Multiple Worksite Report** and click *Continue*.

Note: Each time you log back in, you must select the Multiple Worksite Report from this page in order to continue to the Industry Verification Form. This step is necessary due to these surveys' joint web development.

5. Select your UI Account Number and click *Continue*.
6. On the following page, select the button for **Industry Verification** and click *Continue*, followed by the BLS 3023 NVM description page, where you can click *Continue* once again.
7. For any Business Activity that is incorrect, select *Edit* in the Business Activity column and follow the instructions to find the most accurate description of your business and enter a brief description of your Main Business Activity. Your firm may be engaged in other activities at other locations.
8. For any Worksite address that is incorrect, select *Update* in the Worksite column and update accordingly.
9. After verifying your Worksite Business Activities and addresses are correct, select the radio button "I verify that the main business activities listed above are correct" and select *Submit Data to BLS*.
10. The website will continue to the "Thank You" page where you can review and print your submitted data. Click the *Logout* link at the top right corner of the page and close your browser.

Note: You may have already completed your Multiple Worksite Report on paper for this quarter, but if you prefer online reporting, you can also click *Continue* to select your UI account to file your Multiple Worksite Report online. If you choose this option, you will no longer receive a paper Multiple Worksite Report in the mail each quarter. You will be set up to receive email reminders for filing this quarterly report online.

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SECOND NOTICE



99

Date

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**PASSWORD: Ab123456**

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Please provide your response by **Date**. Thank you in advance for your cooperation.

Sincerely,

Emily Thomas  
U.S. Bureau of Labor Statistics



0003087

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FINAL NOTICE



99

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Dear Employer,

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Please provide your response by **Date**. Thank you in advance for your cooperation.

Sincerely,

Emily Thomas  
U.S. Bureau of Labor Statistics



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