



Section 14(c) Online Certificate Application

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Please do not upload Personal Identifying Information (PII) about a section 14(c) certificate holder or any employees to the Section 14(c) Online Application. PII refers to information which can be used to distinguish or trace an individual's identity, such as their name, social security number, biometric records, etc. alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

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Section 14(c) Online Certificate Application

OMB NO: 1235-0001 EXPIRES: 09/30/2021 REV 12/2017

We are now accepting the Application for Authority to Employ Workers with Disabilities at Subminimum Wages electronically. This electronic form includes both forms WH-226 and WH-226A.

All employers, including current section 14(c) certificate holders, previous certificate holders, and new applicants, will have to create an account in order to submit the form electronically.

Read our [FAQs for Electronic Section 14\(c\) Online Certificate Application](#).

Create an Account

First Name

Last Name

Email Address



Passwords must

- Contain at least 8 characters.
- Contain at least 1 uppercase letter.
- Contain at least 1 lowercase letter.
- Contain at least 1 special character.
- Contain at least 1 number.
- Meet "Strong" password strength

Password

Password Strength: Poor

[Show Password](#)

Confirm Password

[Register](#)

Log in

Email

Password

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Need a fresh start? [Clear all responses from the current application.](#)

Submitted Applications

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Employer	EIN	Address	Date Submitted	Status	PDF Version
Test	12-3456789	100 Main St Wadorf, MD 20603	May 18, 2020	Submitted	Download
Test	12-3456789	123 Main Street Washington, DC 20201	Jun 11, 2019	Submitted	Download
Test	54-6789056	123 Main St Waldorf, MD 20603	May 14, 2019	Submitted	Download
Test 5.14	12-3456789	123 Main Street Washington, DC 20036	May 14, 2019	Submitted	Download
Test	47-4747474	123 Main St Waldorf, MD 20603	Nov 29, 2018	Submitted	Download

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Representations and Written Assurances

All fields are required unless indicated as optional.

I certify that I have read this application and to the best of my knowledge and belief, all answers and information given in the application and attachments are true; that the representations set forth in support of this application to obtain or continue the authorization to pay workers with disabilities at subminimum wage rates are true; and I acknowledge that the authorization, if issued or continued, is subject to revocation in accordance with the provisions of [29 C.F.R. part 525](#).

I represent that as set forth in the regulations governing the employment of workers with disabilities, the following conditions exist and will continue to exist:

- Workers employed under the authority in [29 C.F.R. part 525](#) have disabilities for the work to be performed;
- Wage rates paid to workers with disabilities under the authority in [29 C.F.R. part 525](#) are commensurate with those paid experienced workers, who do not have disabilities, in industry in the vicinity for essentially the same type, quality, and quantity of work;
- The operations are and will continue to be in compliance with the Fair Labor Standards Act (FLSA), the Walsh-Healey Public Contracts Act (PCA), the McNamara-O'Hara Service Contract Act (SCA), and the Contract Work Hours and Safety Standards Act (CWHSSA), an overtime statute for Federal contract work, as applicable;
- No deductions will be made from the commensurate wages earned by a patient worker to cover the cost of room, board or other services provided by the facility;
- Records required under [29 C.F.R. part 525](#) with respect to documentation of disability, productivity, work measurements or time studies, and prevailing wage surveys will be maintained.

Further, I certify that:

- The wage rates of all hourly-rated employees paid in accordance with FLSA section 14(c) will be reviewed at least every six months; and
- Wages paid to all employees under FLSA section 14(c) will be adjusted at periodic intervals, at least once a year, to reflect changes in the prevailing wage paid to experienced workers, who do not have disabilities, employed in the vicinity for essentially the same type of work.

I agree to use an electronic signature. By entering my Full Name and Title below, I certify that I am authorized to accept these representations and assurances on behalf of the organization named on this application.

First Name

Last Name

Title

Date

Month Day Year Example: 04 30 2016

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Section 14(c) Online Certificate Application

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Application for Authority to Employ Workers with Disabilities at Subminimum Wages

OMB NO: 1235-0001 EXPIRES: 09/30/2021 REV 12/2017

- Assurances Application Info Employer Wage Data Work Sites & Employees WIOA

Application Info

Show Help for All Items

All fields are required unless indicated as optional.

Application Type

What type of application is this?

- Initial Application
Renewal Application

Has this employer ever previously applied for a section 14(c) certificate?

- Yes
No

Has this employer ever previously held a section 14(c) certificate?

- Yes
No

What type of establishment(s) are covered by this request for authority to employ workers with disabilities for?

Select all that apply

- Community Rehabilitation Program (Work Center)
Hospital/Residential Care Facility (Patient Workers)
School Work Experience Program (SWEP)
Business Establishment

Application Contact Person

First Name

Last Name

Telephone Number Example: 123-456-7890

Fax Number (Optional) Example: 123-456-7890

Email Address Example: contact.name@company.com

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Employer Show Help for All Items

All fields are required unless indicated as optional.

Employer Information

Legal Name of Employer

Text input field for Legal Name of Employer

Does the Employer have a Trade Name?

Radio buttons for Yes/No

Has the Employer's name(s) changed since its last application?

Radio buttons for Yes/No

Federal Employer Identification Number (EIN)

Text input field for EIN with example: 00-1234567

Physical Address of Employer's Main Establishment

Text input field for Street Address

Text input field for City and dropdown for State

Text input field for Zip Code

Text input field for County

Checkbox for Mailing Address is different from Physical Address

Does the Employer have a Parent Organization?

Radio buttons for Yes/No

Employer Status

Radio buttons for Public, Private For Profit, Private Not For Profit, and Other, please describe: (with text input field)

Is this employer a local or State educational agency?

Radio buttons for Yes/No

Number of Workers With Disabilities

When did the Employer's most recently completed fiscal quarter end?

Form with Month, Day, and Year input fields and example: 04 30 2016

What is the total number of workers with disabilities employed at subminimum wages during the most recently completed fiscal quarter at all establishments and work sites?

Text input field for total number of workers

Provide the number of workers with disabilities employed at subminimum wages for the most recently completed fiscal quarter in each of the following categories:

Form for Community Rehabilitation Program (Work Center)

Form for Hospital/Residential Care Facility (Patient Workers)

Form for School Work Experience Program (SWEP)

Form for Business Establishment

Government Contracts

Does this employer manufacture items for the Federal Government under the Walsh-Healey Public Contracts Act (PCA)?

Radio buttons for Yes/No

Does this employer currently hold any contracts covered by the McNamara-O'Hara Service Contract Act (SCA)?

Radio buttons for Yes/No

No, but intend to within the next two years

Since January 1, 2015, has this employer entered into a contract for services or concessions with the Federal Government that may be subject to Executive Order 13658 (Establishing a Minimum Wage for Contractors)?

Radio buttons for Yes/No

No, but intend to within the next two years

Additional Questions

Was the employer a representative payee for any worker with disabilities and, as such, received Social Security Benefits such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) on behalf of that employee during the most recently completed fiscal quarter?

Radio buttons for Yes/No

Did the employer take credit for the cost of providing facilities, such as board, lodging, and transportation, toward meeting the minimum wage or subminimum wage obligations to workers with disabilities during the most recently completed fiscal quarter?

Radio buttons for Yes/No

Is this a request for Temporary Authority by a vocational rehabilitation program administered by a State agency or the U.S. Veterans Administration?

Radio buttons for Yes/No

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Wage Data

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All fields are required unless indicated as optional.

How did the employer pay subminimum wage rates to workers with disabilities in the most recent fiscal quarter?

- Hourly
- Piece Rate
- Both

How many workers with disabilities were paid an hourly subminimum wage during the most recently completed fiscal quarter? [?](#)

What was the job or contract on which the employer employed the largest number of workers at hourly subminimum wage rates during the most recently completed fiscal quarter? [?](#)

Description of Work Performed on this Job/Contract by Workers Paid Subminimum Wages

Which method did the employer use to determine the prevailing wage for the job or contract identified above? [?](#)

- Prevailing Wage Survey
- Alternate Wage Data Source
- SCA Wage Determination

How frequently does the employer conduct work measurements or time studies of each worker with a disability who is paid an hourly subminimum wage?

Attach a work measurement or time study for ONE currently employed worker with a disability who is paid an hourly subminimum wage for the contract identified above. [?](#)

File types accepted: .pdf, .jpg, .jpeg, .png

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Wage Data

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All fields are required unless indicated as optional.

How did the employer pay subminimum wage rates to workers with disabilities in the most recent fiscal quarter?

- Hourly
- Piece Rate
- Both

How many workers with disabilities received subminimum wages and were paid piece rates during the most recently completed fiscal quarter?

What was the job or contract on which the employer employed the largest number of workers who received subminimum wages and were paid piece rates during the most recently completed fiscal quarter?

Description of Work Performed on this Job/Contract by Workers Paid Subminimum Wages

Which method did the employer use to determine the prevailing wage for the job or contract identified above?

- Prevailing Wage Survey
- Alternate Wage Data Source
- SCA Wage Determination

Provide the following information for the job or contract identified above:

Prevailing Wage Determined for This Job

Standard Productivity

Piece Rate Paid to Workers

Attach all documentation of the methods used to determine the standard productivity and the piece rate.

File types accepted: .pdf, .jpg, .jpeg, .png

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All fields are required unless indicated as optional.

How did the employer pay subminimum wage rates to workers with disabilities in the most recent fiscal quarter?

- Hourly
- Piece Rate
- Both

Hourly

Piece Rate

How many workers with disabilities were paid an hourly subminimum wage during the most recently completed fiscal quarter? [?](#)

What was the job or contract on which the employer employed the largest number of workers at hourly subminimum wage rates during the most recently completed fiscal quarter? [?](#)

Name of Job or Contract

Description of Work Performed on this Job/Contract by Workers Paid Subminimum Wages

Which method did the employer use to determine the prevailing wage for the job or contract identified above? [?](#)

- Prevailing Wage Survey
- Alternate Wage Data Source
- SCA Wage Determination

How frequently does the employer conduct work measurements or time studies of each worker with a disability who is paid an hourly subminimum wage?

Attach a work measurement or time study for ONE currently employed worker with a disability who is paid an hourly subminimum wage for the contract identified above. [?](#)

Browse

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Work Sites & Employees

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All fields are required unless indicated as optional.

What is the total number of establishments and work sites to be covered by this certificate? [?](#)

We'll need to collect information about each worksite and its employees.

1 Add Work Site

2 Add Workers

First, we'll collect information about the Establishment / Work Site.

What type of establishment / work site is this?

- Main Establishment (ME) [?](#)
- Branch Establishment (BR) [?](#)
- Off-site Work Location (OL) [?](#)
- School Work Experience Program (SWEP) [?](#)

Name of Establishment / Work Site

Address of Establishment / Work Site

Street address

City

State

Zip Code

Is Service Contract Act (SCA)-covered work performed at this establishment / work site?

- Yes
- No

Is work performed at this establishment / work site pursuant to a Federal contract for services or concessions that was entered into on or after January 1, 2015, and may be subject to Executive Order 13658 (Establishing a Minimum Wage for Contractors)?

- Yes
- No

Total number of employees who were employed at this establishment/work site at any time during the most recently completed fiscal quarter and received subminimum wages: [?](#)

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[Next: Add Worker\(s\)](#)

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Work Sites & Employees

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All fields are required unless indicated as optional.

What is the total number of establishments and work sites to be covered by this certificate? [?](#)

We'll need to collect information about each worksite and its employees.

1 Add Work Site

2 Add Workers

Number of Workers: **0**

Information is needed about each specific worker who was employed at this work site at any time during the most recently completed fiscal quarter and received subminimum wages.

[Click here for detailed instructions on the required work information.](#)



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How do you wish to add worker information?

- Import workers via spreadsheet template
- Add workers individually

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[Save Work Site & Employee\(s\)](#)

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Work Sites & Employees

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All fields are required unless indicated as optional.

What is the total number of establishments and work sites to be covered by this certificate? [?](#)

We'll need to collect information about each worksite and its employees.

1 Add Work Site

2 Add Workers

Number of Workers: 0

Information is needed about each specific worker who was employed at this work site at any time during the most recently completed fiscal quarter and received subminimum wages.

[Click here for detailed instructions on the required work information.](#)



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How do you wish to add worker information?

Import workers via spreadsheet template

You can import your employee data using a template .xlsx file. The import file must match specific format requirements. To avoid any session timeout issues, we recommend you to prepare the import file offline.

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Add workers individually

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Number of Workers: 0

Information is needed about each specific worker who was employed at this work site at any time during the most recently completed fiscal quarter and received subminimum wages.

[Click here for detailed instructions on the required work information.](#)

How do you wish to add worker information?

Import workers via spreadsheet template

You can import your employee data using a template .xlsx file. The import file issues, we recommend you to prepare the import file offline.

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Add workers individually

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Import Workers



Step 1: Download Template

To import workers via spreadsheet, you must use the provided template. [Download the spreadsheet template](#) and open using Microsoft Excel.

Step 2: Enter Worker Data

The provided template contains all required WH-226A columns. Complete a row for each worker who was employed at this work site at any time during the most recently completed fiscal quarter and received subminimum wages. Once complete, save the template to your computer.

[Click here](#) for additional information on spreadsheet validation requirements.

[Download PDF of template with sample data.](#)

Note: You will not be able to import worker data if you do not follow these requirements.

Step 3: Upload Template

Upload the completed template. The system will scan the spreadsheet for any errors and you will be notified of any corrections needed. You must correct all errors before the worker data is accepted.

Please select your completed spreadsheet

[Browse](#)

File types accepted: .xlsx

[Import](#)

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Wage and Hour Division

DOL Home > WHD > Workers with Disabilities > Section 14(c) Online Certificate Application > WIOA

Section 14(c) Online Certificate Application

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Test, Inc.

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Application for Authority to Employ Workers with Disabilities at Subminimum Wages

OMB NO: 1235-0001 EXPIRES: 09/30/2021 REV 12/2017

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- [Application Info](#)
- [Employer](#)
- [Wage Data](#)
- [Work Sites & Employees](#)
- WIOA**

WIOA

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All fields are required unless indicated as optional.

Workforce Innovation and Opportunity Act (WIOA) ?

Has the employer reviewed and verified documentation that counseling and referrals have been provided to each worker paid at a subminimum wage, regardless of age, and each has been informed of available training opportunities as required by WIOA? ?

- Yes
- No

Were any workers paid a subminimum wage age 24 or younger?

- Yes
- No

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