

**STATE OF HAWAII**  
**DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS**  
**APPLICATION FOR CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR**

**1. APPLICANT INFORMATION: (Please Type or Print Clearly)**

\*Applicant's Business Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

DBA/Trade Name \_\_\_\_\_

\* Business name must be the same name submitted with the applicant's bid or proposal.

**2. IDENTIFICATION NUMBER(S): (Complete Applicable ID Numbers)**

State Department of Labor

Unemployment Insurance ID#     / \_ / \_ / \_ / \_ / \_ / \_ / \_ / \_ / \_ /

Federal Employer ID# (FEIN)     / \_ / \_ / \_ / \_ / \_ / \_ / \_ / \_ / \_ /

FOR	OFFICIAL	USE	ONLY
BUSINESS START DATE IN HAWAII IF APPLICABLE  /     /			
DLIR Log No. _____			
Date Received _____			
Department of Labor and Industrial Relations			
Approval Stamp			

**3. EMPLOYERS:** If you do not have a State Department of Labor Unemployment Insurance ID#, please answer the following question(s):

Do you currently have employees working in the State of Hawaii?

☐ YES     ☐ NO

Do you plan to have employees work in the State of Hawaii?

☐ YES     ☐ NO

This certificate is valid for **SIX (6)**  
**MONTHS** from the approval date.

**SEE PAGE 2 FOR FILING INSTRUCTIONS. Failure to provide above required information on this application will result in a denial of this request. Unsigned applications will not be processed.**

**4. SIGNATURE:**

\_\_\_\_\_  
PRINT NAME  
Executor

\_\_\_\_\_  
PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee,

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

**NOTE:** If this application is stamped "PENDING", another LIR#27 must be submitted when employees are performing services in the State to determine compliance with the State of Hawaii labor laws. Approval constitutes a certificate of compliance with labor laws based on information available to the Department as of the approval date.

**PAGE 1 OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.**  
Facsimiles and copies of this approval form are proof of compliance.

**FILING INSTRUCTIONS FOR THE  
CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR  
Form LIR#27 (Rev. 11/09/04)**

Applications are available at the addresses below and can be downloaded from the Department of Labor and Industrial Relations website ([www.dlir.state.hi.us](http://www.dlir.state.hi.us)). On the DLIR website scroll down to Library/Resources and click on Forms. Form LIR#27 is listed under Employer Forms.

**SUBMIT** (mail, fax, or deliver) completed application only to the Department of Labor and Industrial Relations, **Unemployment Insurance Division\***. Allow up to 7 business days for processing.

*Unemployment Insurance Division 830 Punchbowl St., Rm. 437 Honolulu, HI 96813 Ph: (808) 586-8926 Fax: (808) 586-8929	Disability Compensation Division 830 Punchbowl St., Rm. 209 Honolulu, HI 96813 Ph: (808) 586-9200 Fax: (808) 586-9206
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Approved certificates of compliance will be faxed to the applicant.