NEW YORK STATE OF OPPORTUNITY. Unemployment Insurance Appeal Board

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NON-ATTORNEYS
APPLICATION FOR REGISTRATION TO APPEAR ON BEHALF OF CLAIMANTS

Under Section 538 of the Labor Law and Rules of the Unemployment Insurance Appeal Board with respect to the Registration of Representatives of Claimants

Applicant's failure to fully and accurately disclose any fact or information called for by any question may result in the denial of the application for registration or in the revocation of any registration.

Print or type all answers. Attach additional sheets, if necessary, to complete any answer. If your application is approved by the Board, you have thirty (30) days from the mailing of a notice of approval to submit a corporate surety bond in the amount of $500 in a form approved by the Board.

1. First Name | **Middle Name** | **Last Name**

2. Home Address

Street 1
Street 2
City, State, Zip
email

3. Office Address

Street 1
Street 2
City, State, Zip

4. Preferred Mailing Address

Street 1
Street 2
City, State, Zip

5. Business or Current Employer Name and Address

Name
Street 1
Street 2
City, State, Zip

6. Phone Numbers

Personal | Business

7. Other Names Used
(Including dates used)

8. Are you a citizen of the United States of America? ☐ Yes ☐ No

8a. If not, are you authorized to work in this country? ☐ Yes ☐ No

If the application is approved, proof of current work authorization is required prior to registration.

9. Did you graduate High School? ☐ Yes ☐ No

9a. If yes, provide the name and address:

9b. If not, did you complete a high school equivalency? ☐ Yes ☐ No

Date

10. Business or Occupation during the past 5 years: (Give present business first)

From	To	Employer	Address	Position

11. List any college credit hours which you have taken in the areas of Administrative Law, Administrative Procedure, Labor Law, Unemployment Insurance, or Civil Practice and Procedure including Evidence:

Course	School	Dates	Grade

12. List any experience for pay or as a volunteer in legal or administrative proceedings, including work experience, which will help you establish your qualifications to appear on behalf of the claimants, for a fee, before the Unemployment Insurance Appeal Board or the Administrative Law Judge Section.

Description of Experience	Employer or Agency & Address	Dates	
			Paid ☐ Volunteer ☐
			Paid ☐ Volunteer ☐
			Paid ☐ Volunteer ☐

13a. Have you ever applied for admission to practice before, to be licensed by or registered as a representative with, or to be enrolled by a court or government department, commission or agency? ☐ Yes ☐ No

13b. If yes, supply the following:

Court or Agency	Position or Authorization	Dates

13c. Has your application for such admission, license, registrations or enrollment ever been denied or rejected? ☐ Yes ☐ No

13d. If yes, supply the following:

Court or Agency	Position or Authorization	Dates

13e. Were you ever admitted to practice before, licensed by, or registered as a representative with, or enrolled by a court or government department, commissions or agency? ☐ Yes ☐ No

13f. If yes, supply the following:

Court or Agency	Position or Authorization	Dates

13g. Has such admission, license, registration or enrollment ever been revoked or suspended by the court or agency? ☐ Yes ☐ No

13h. If yes, supply the following:

Court or Agency	Position or Authorization	Dates

14. Name five character references that you have known for at least three years who have had a reasonable opportunity to form an opinion as to your character, competence, and integrity during the period of acquaintance.

Relationship	Name	Address	No. of Years

15. Have you ever been convicted of any criminal offense under the laws of the United States, or of any other state or territory, involving dishonesty or breach of trust? ☐ Yes ☐ No

15a. If yes, provide the name and location of the court, the disposition of the case and any penalty imposed. (You may add an attachment explaining the circumstances of the conviction.)

16. If registered, do you intend to engage in the full-time occupation of representing claimants for a fee? ☐ Yes ☐ No

17. Is there anything else you would like to disclose regarding the requirement in Board Rule 12 NCYRR 460.5(c)(1)(iii) that a candidate be of "good moral character"? (If yes, please add an attachment stating your disclosure.) ☐ Yes ☐ No

AGREEMENT: If registered to appear on behalf of claimants, I agree to give to the Executive Secretary of the Unemployment Insurance Appeal Board written notice of any change in my mailing address. I also agree that, if a proceeding is brought against me at any time, including proceedings with regard to a fee dispute or for the revocation or suspension of my registration, written notice of such proceeding will be served by mail at my last address of record and will be sufficient notice of that proceeding. The Unemployment Insurance Appeal Board reserves the right to investigate any application, and will consider any admitted information about disciplinary proceedings, convictions, or the like, with the favorable information in the record. I acknowledge that any intentional false statement or a major omission in completing this application may be grounds for denial of the application or for later revocation or suspension of my registration to appear on behalf of claimants for a fee. I further acknowledge that this application and any further documentation or information obtained or submitted in support of or in connection with this application shall constitute a public document which shall be available for inspection at the offices of the Unemployment Insurance Appeal Board. If registered to represent claimants for a fee before the Unemployment Insurance Appeal Board or the Administrative Law Judge Section, I will at all times conduct myself strictly in compliance with the laws, rules and regulations governing practice before such Board or Section, as now constituted or as they may hereafter be lawfully modified or amended. I will employ for the purpose of maintaining the causes confided to me only such means as are consistent with truth and honor.

_____

Signature of Applicant

STATE OF NEW YORK
COUNTY OF | ss:

I, _____ , swear (or affirm) that the statements in the foregoing application are true and correct; that I have read the above agreement; and that I take this obligation freely without any mental reservation or purpose of evasion.

_____

Signature of Applicant

Sworn to before me this

_____ day of _____, 20____.

_____

Notary Public