

Traveling Sales Crew Registration Application

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1) (m), Wisconsin Statutes].
 The provision of your federal employment identification number or social security number is mandatory under 103.34(3)(a)6
 Wisconsin Statutes. Your social security number will be used for identification purposes.

Section I Traveling Sales Crew

Applicant Name		Employer Name		
Employer Address	City	State	Zip Code	
Telephone Number	Federal Employment Identification Number or Social Security Number			
Is Employer a Corporation or LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No Provide date and principal place of incorporation:				

Section II

List the names and permanent home addresses of any proprietors, managing partners, managers, or principal officers of the applicant.

Name	Proof of identification: <input type="checkbox"/> Operator's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Government Picture ID		
Street Address	City	State	Zip Code
Have you been convicted of any crime in WI or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the crime and location where it occurred:			
Name	Proof of identification: <input type="checkbox"/> Operator's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Government Picture ID		
Street Address	City	State	Zip Code
Have you been convicted of any crime in WI or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the crime and location where it occurred:			
Name	Proof of identification: <input type="checkbox"/> Operator's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Government Picture ID		
Street Address	City	State	Zip Code
Have you been convicted of any crime in WI or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the crime and location where it occurred:			
Name	Proof of identification: <input type="checkbox"/> Operator's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Government Picture ID		
Street Address	City	State	Zip Code
Have you been convicted of any crime in WI or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the crime and location where it occurred:			

Attach additional sheets if more entries are necessary

Section III

List the names, permanent home addresses, motor vehicle operator's license numbers, and dates of birth of ALL employees, agents, or representatives of the applicant who supervises or transports Traveling Sales Crew workers.

Name	Driver's license number and the state where issued	Date of birth
Street Address	City	State Zip Code
Proof of identification: <input type="checkbox"/> Operator's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Government Picture ID		
Have you been convicted of any crime in WI or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the crime and location where it occurred:		
Name	Driver's license number and the state where issued	Date of birth
Street Address	City	State Zip Code
Proof of identification: <input type="checkbox"/> Operator's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Government Picture ID		
Have you been convicted of any crime in WI or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the crime and location where it occurred:		
Name	Driver's license number and the state where issued	Date of birth
Street Address	City	State Zip Code
Proof of identification: <input type="checkbox"/> Operator's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Government Picture ID		
Have you been convicted of any crime in WI or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the crime and location where it occurred:		
Name	Driver's license number and the state where issued	Date of birth
Street Address	City	State Zip Code
Proof of identification: <input type="checkbox"/> Operator's License <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Government Picture ID		
Have you been convicted of any crime in WI or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the crime and location where it occurred:		

Attach additional sheets if more entries are necessary.

You must include two copies of fingerprint cards for each person listed in sections II and III.

**Section IV
Company Information**

Type(s) of sales activities to be performed
List the nature of consumer goods or services to be sold

If goods are magazine subscriptions, provide the names, addresses and telephone numbers of the publishers of those magazines.

Name(s)	Address	Telephone Number
Name(s)	Address	Telephone Number
Name(s)	Address	Telephone Number

Will employment involve the storage, handling, transportation of or exposure to hazardous materials?

Yes No If yes, list materials

Attach documentation verifying applicant is in compliance with all state and federal safety standards applicable to the storage, handling and transportation of hazardous materials.

Financial responsibility - Applicant must provide a \$10,000:

Bond Certificate of Deposit Escrow Account Irrevocable Letter of Credit

Insurance coverage - Attach proof of the following insurance policies:

(a) Commercial automobile liability that provides minimum coverage limits of \$500,000 per person, \$2,000,000 per accident and \$500,000 of physical damage.

(b) Commercial general liability that provides minimum coverage limits of \$500,000 per occurrence and \$1,000,000 aggregate.

Disclosure Statement:

Attach a copy of disclosure statement (Form #ERD-16790-E). Provide all information available at the time application is submitted.

Provide the make and model of each vehicle used to transport Traveling Sales Crew workers.

Make	Model	Make	Model	Make	Model
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Provide the Vehicle(s) license plate number. Name the State in which the plate was issued.

Plate Number	State	Plate Number	State	Plate Number	State
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Attach written certification by a motor vehicle mechanic showing **each** motor vehicle is in compliance with Wisconsin and federal safety standards that are applicable.

Background check:

Upon receipt of an application and registration fee, the Department of Workforce Development shall investigate the applicant to determine whether the applicant is qualified to receive a certificate of registration. This investigation shall include a criminal history search by the Department of Justice of all proprietors, managing partners, managers, or principal officers of the applicant and all employees, agents or representatives of the applicant who supervise or transport Traveling Sales Crew workers.

Registration Fees:

Along with the application packet, the applicant shall submit a registration fee. The registration fee is determined by multiplying the number of individuals, for which the background check under s. 103.34 (3)(b)(1) Wis. Stats. is required, by \$60.00. Payment should be made payable to the Department of Workforce Development. **Do not send cash.**

If any change occurs in any of the information submitted to the department, the registrant must notify the department of that change within 30 days of the actual occurrence.

Mail your form to the following office:

**State of Wisconsin
Department of Workforce Development
Equal Rights Division**

201 E. Washington Ave., Room A300

P O Box 8928

Telephone:

(608) 266-6860

FAX:

(608) 267-4592

TTY:

(608) 264-8752