

**APPLICATION FOR APPROVAL
OF SERVICE PROVIDER PERMIT
FOR FOREIGN NATIONAL WORKER**

Service Provider NAME _____ LIDS No. _____

RESIDENCE ADDRESS _____

E-MAIL _____ CELL PHONE _____

Section 40-2.305(d) of the Employment Rules and Regulations, effective June 1, 2010, provide as follows:

Service provider employment. A foreign national worker who is currently eligible to work in the Commonwealth and who has been employed successfully in the Commonwealth for ten years or longer may become a service provider and sell his or her services, but not any kind of goods or products or the services of others, upon approval by the Secretary and in compliance with the equivalent of Section 40.2-425 (self-paid bonding), Section 40.2-430 (financial capability), Section 40.2-465 (self-paid medical expenses), Section 40.2-495 (self-paid repatriation) and Section 70.4(c) (self-paid Commonwealth fee). A service provider must be in good standing with respect to payment of all taxes and charges of the Commonwealth Health Center.

The foreign national worker named above hereby requests approval of a service provider permit. In support of the request for approval, the person who has signed this form in the space provided below, states the following:

1. ELIGIBILITY: I am currently eligible to work in the Commonwealth and I have been employed successfully in the Commonwealth for ten years or longer. My employment is as follows:

<u>Employer</u>	<u>Dates of employment (years)</u>
_____	_____
_____	_____
_____	_____
_____	_____

(Use an additional sheet if necessary; account for 10 years of employment only.)

2. BOND: I understand and acknowledge that I am responsible for my own medical expenses and repatriation expenses. I have provided a bond, cash deposit, insurance contract, or guarantee of a financially responsible person for \$3,000 in the event I incur medical expenses and for all expenses associated with repatriation.

3. FEE: If my request for a service provider permit is approved, I understand and acknowledge that I will be required to pay a fee of \$300 (for one year) or \$600 (for two years) and provide the receipt in order to obtain my service provider identification card.
4. ACKNOWLEDGMENT: Any valid existing employment contract will be completed to the end of the term or will be terminated with the consent of the employer. I will not breach any existing contract in order to secure a service provider permit.
5. WAIVER: I hereby waive, fully and completely, any rights to confidentiality concerning records with respect to my employment in the possession, custody, or control of any agency of the federal, state, or Commonwealth government. Such records may be made available to the Department of Labor, upon request, for purposes of administering the Commonwealth labor laws.
6. CONSENT: I hereby consent, fully and completely, to any administrative inspection by the Department of employment records and worksites of my service provider activities in accordance with requirements for employers under the Employment Rules and Regulations published by the Department of Labor. I agree to maintain complete employment records and documentation, in English, with respect to service provider assignments during and for a period of two years after the employment, and agree to report to the Department in writing all incidents involving injury during work assignments.
7. CERTIFICATION: I make the following certifications as of the date subscribed below:
 - a) I am in full compliance with all applicable Commonwealth statutory and regulatory requirements with respect to taxation, and I understand that I am responsible for paying Commonwealth taxes with respect to my service provider income.
 - b) I have no outstanding bills from the Commonwealth Health Center (other than those for which a previous employer is responsible).
8. ATTESTATION: I attest and affirm that the statements made in this application are true and correct in all respects. These statements are material statements for purposes of Section 4963(d) and are subject to the penalties of Section 4964(i) of P.L. 15-108.

Date

Service Provider