

Please - Do Not Staple

Chapter 202, Wis. Stats.  
Subchapter II

STATE OF WISCONSIN  
Department of Financial Institutions

Division of Corporate and  
Consumer Services,  
Charities Section

**E-Mail:**  
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PO Box 7879  
Madison, WI 53707-7879

**Telephone:** (608) 267-1711

**WEBSITE: DFI.WI.GOV**  
**PROFESSIONAL EMPLOYER  
GROUP OR PROFESSIONAL  
EMPLOYER ORGANIZATION –  
SMALL OPERATIONS  
APPLICATION**

**Courier Address:**  
4822 Madison Yards Way  
North Tower  
Madison, WI 53705

**Fax:** (608) 267-6813

**Purpose:** A completed application for registration as a professional employer group – small operations or a professional employer organization – small operations should be submitted to the Department of Financial Institutions (“department”) for consideration of registration. Upon the filing of such application the department shall investigate the relevant facts to determine if the applicant satisfies all of the eligibility requirements for registration. If the department finds that the applicant meets all of the requirements, the department shall register the applicant as a professional employer group – small operations or a professional employer organization – small operations.

Print or type the information requested in the spaces provided.

**APPLICANT INFORMATION**

- Identify type of registration being requested:  
Professional Employer Group – Small Operations      Professional Employer Organization – Small Operations
- Is the applicant approved by Employer Services Assurance Corporation (“ESAC”)?      Yes      No  
If **YES**, DO **NOT** complete this application. Complete an Assurance Organization Certification Form instead (Form #2854).
- Pursuant to s. 202.22(5)(a), Stats., an applicant must submit documentation that verifies that it meets the qualifications for a limited professional employer group registration or a limited professional employer organization registration. Please check all of the following items that apply to the applicant. If the applicant does not meet all of the following conditions, it does not qualify for a limited registration and must submit application Form #2840 instead.

The applicant:

is registered as a professional employer organization or professional employer group in another state and that state is \_\_\_\_\_ .  
(enter name of state)

does not maintain an office in Wisconsin.

does not solicit clients that are located or domiciled in Wisconsin. “Client” means any person that enters into a written contract with a professional employer organization or a professional employer group for the provision of the non-temporary, ongoing, workforce of the person.

will not have more than 50 employees performing services for clients in Wisconsin on any given day. Applicant estimates that it will have \_\_\_\_\_ employees performing services for its Wisconsin clients.  
(enter # of WI employees)

- Name of applicant:** The “applicant” is the corporation, limited liability company, limited partnership, partnership, or sole proprietorship that is registering with the department. If the applicant uses any trade names or DBA (doing business as) names, include those names as well.

5. Provide the following information for the applicant's headquarters office:

Street Address:		
City:	State:	Zip:
Telephone Number:	Fax Number:	E-mail:

6. Provide the contact information for the person to whom questions regarding this application should be addressed:

First Name:		Last Name:		Title:
Street:			City:	
State:	Zip:	Telephone Number:	E-mail:	

7. Provide the applicant's website address, if any:

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8. Indicate the type of organization with an "X."

- |  |   |
|--|---|
| <input type="checkbox"/> Corporation               | <input type="checkbox"/> Partnership            |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Sole Proprietorship    |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Other (Please Specify) |

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9. Provide the date and state of Incorporation/Organization if the applicant is a corporation or LLC.

Date:	<input type="text"/>	State:	<input type="text"/>
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10. If the applicant is a corporation, a limited liability company, or a limited partnership, provide the applicant's Federal Employer Identification Number:

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If the applicant is a sole proprietorship or a general partnership, provide each owner's Social Security Number:

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Note: Pursuant to Sections 202.021(4)(a)5.-7., Wis. Stats., this Department is required to obtain this information from all applicants. The information will be shared with other state agencies for the purpose of matching against tax information and outstanding child and family support data.

11. Complete the following chart with personnel information that is relevant to the applicant. Attach additional pages if necessary. You can determine what personnel information you need to provide by reading the following:

- Corporation:** Identify all officers and directors
- Limited Liability Company (LLC):** Identify all members
- Partnership or Limited Partnership:** Identify all partners
- Sole Proprietorship:** Identify sole proprietor

Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

12. Has any owner, partner, shareholder, or corporate officer of the organization, (1) ever been convicted, of a felony at any time, (2) been convicted of a misdemeanor within the last 10 years. Yes      No

If **YES**, complete and attach Form #2252.

13. Are there any misdemeanor or felony charges pending against any owner, partner, shareholder, controlling person, or corporate officer? Yes      No

If **YES**, complete and attach Form #2252.

14. Has any owner, partner, shareholder or controlling person or corporate officer of the organization ever surrendered, resigned, cancelled, or been denied a professional license or other credential in Wisconsin or any other state? Yes      No

If **YES**, provide details, including the name of the profession and the firm.

15. Has any licensing or other credentialing authority ever taken any disciplinary action against the organization, or any of its officers, including but not limited to, warnings, reprimands, suspensions, probation, limitations, or revocations? Yes      No

If **YES**, provide details about the action, including the name of the credentialing agency and date of action.

16. Is disciplinary action pending against the organization or any of its officers in any state? Yes      No

If **YES**, provide details about the pending action, including the name of the firm and status of the action.

17. Have any suits or claims ever been filed against the organization as a result of professional services? Yes      No

If **YES**, submit a copy of the claim or suit and a copy of the final settlement or disposition.

18. Does the applicant currently hold, or has the applicant held, any credential (license) issued by the State of Wisconsin? Yes      No

If **YES**, identify the type of credential and identify if the credential was held in another name.

**ATTACHMENTS**

Submit the following items with your application.

- A) **\$75 Registration Fee** – Make checks payable to The Department of Financial Institutions.
- B) **List of States where Applicant Operated in the Previous 5 Years** – The list must include the following:
  - Names of all states in which applicant has operated
  - The name the applicant used to conduct business in each state
  - Dates of operation in each state
  - Trade name(s)/DBA(s), if any, used by the applicant in each state
  - Address of applicant in each state
  - Name of any predecessor business entities of the applicant in each state
  - Name of any successor business entities of the applicant in each state (if known)
- C) **Statement of Ownership** – The statement must identify the name and business experience of each owner who has a controlling interest in the applicant. “Controlling Interest” is defined as meaning a person who, individually or acting in concert with one or more other persons, owns or controls, directly or indirectly, 25% or more of the ownership interest of an applicant or registrant.
- D) **Statement of Management** – The statement must identify the name and business experience of each manager who has a controlling interest in the applicant. “Controlling Interest” is defined as meaning a person who serves as president or chief executive officer of an applicant or registrant or who otherwise has the authority to act as the senior executive officer of an applicant or registrant.
- E) **Form 2252** – Submit this form if you answered “YES” to questions 12 and/or 13 regarding felonies and misdemeanors.

**CERTIFICATION**

I, the undersigned, hereby certify that the answers set forth in this application and its attachments are true and correct. I also certify that the applicant meets all of the qualifications for a professional employer group-small operations registration or a professional employer organization-small operations registration. I understand that if the applicant is issued registration, failure to comply with the registration laws or rules and regulations of the department may be cause for disciplinary action.

Print Name of Owner/Officer/Member/Partner:	Title:
Signature of Owner/Officer/Member/Partner:	Date:

**RETURN APPLICATION MATERIALS TO:** Department of Financial Institutions,  
Division of Corporate and Consumer Services

*Mailing Address:*  
PO Box 7879  
Madison, Wisconsin 53707-7879

*Street Address:*  
4822 Madison Yards Way, North Tower  
Madison, Wisconsin 53705

This form is required under Section 202.12, Wisconsin Statutes. Refusal to provide this information may result in the denial of this registration application. Personally identifiable information on this form may be matched against tax information, outstanding child and family support data and law enforcement agencies. Failure to complete this application completely and accurately may result in denial or revocation of registration, and any other penalties as provided by law.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.