



STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
INSTRUCTION SHEET FOR FORM LIR#27 APPLICATION FOR  
CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR

**Purpose**

The State and County Government Purchasing Offices require vendors to submit a completed copy of this certificate. **Page 1 of this application becomes the Certificate of Approval.** Facsimiles and copies of this approval form are proof of compliance. This certificate applies to the Hawaii Unemployment Insurance, Workers' Compensation, Temporary Disability Insurance, and Prepaid Health Care programs.

Applications are available at the addresses below and can be downloaded from the Department of Labor and Industrial Relations' (DLIR) web site ([www.hawaii.gov/labor](http://www.hawaii.gov/labor)). **From the DLIR web site, Form LIR#27 is listed under the Unemployment Insurance Division and Disability Compensation Division.**

**DO NOT SUBMIT THIS PAGE**

**Approved, Not Applicable, or Pending certificates are valid for 6 months.**

**Date submitted to the DLIR \_\_\_\_\_ (for your use)**  
Allow up to a total of seven (7) business days for processing.

**FILING INSTRUCTIONS FOR THE  
APPLICATION FOR CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR  
Form LIR#27 (Rev. 10/05)**

**SUBMIT** (mail, fax, or deliver) completed application only to the Department of Labor and Industrial Relations, **Unemployment Insurance Division\***.

\*Unemployment Insurance Division  
830 Punchbowl Street, Room 437  
Honolulu, Hawaii 96813  
Ph: (808) 586-8926  
Fax: (808) 586-8929

**INQUIRIES** regarding the status of an application submitted seven (7) business days earlier should be directed to the **Disability Compensation Division\*\*** (Workers' Compensation, Temporary Disability Insurance, and Prepaid Health programs).

\*\*Disability Compensation Division  
830 Punchbowl Street, Room 209  
Honolulu, Hawaii 96813  
Ph: (808) 586-9200  
Fax: (808) 586-9206

The **Approved, Not Applicable, or Pending** certificate of approval will be faxed to the applicant by the Disability Compensation Division. **Non-compliant** applicants will receive Form LIR#27A instructing the applicant to contact the appropriate program(s).

Visit our Website at [www.hawaii.gov/labor](http://www.hawaii.gov/labor) for ALL interactive and downloadable forms.

(Rev. 10/05)



**STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
FORM LIR#27 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) |
|------------------------------------------------------|-----------------------------|

**3. EMPLOYERS:** If you have a State Department of Labor Unemployment Insurance ID#, please skip question 3 only:

|                                                                                                                               |                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Do you currently have employee(s) working in the State of Hawaii?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Do you plan to have employee(s) work in the State of Hawaii?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|

**SEE INSTRUCTION SHEET 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:**

|               |                                                                                                            |                           |                     |
|---------------|------------------------------------------------------------------------------------------------------------|---------------------------|---------------------|
| Signature     | Date                                                                                                       | Telephone No.<br>(      ) | Fax No.<br>(      ) |
| Print Name    | PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor |                           |                     |
| Email Address |                                                                                                            |                           |                     |

**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.

**THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.**

Facsimiles and copies of this approval form are proof of compliance.

|                            |               |                                                             |
|----------------------------|---------------|-------------------------------------------------------------|
| <b>FOR OFFICE USE ONLY</b> |               | Department of Labor and Industrial Relations Approval Stamp |
| DLIR Log No.               | Date Received |                                                             |

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