

APPLYING YOUR DIGITAL SIGNATURE TO THE LM-2, LM-3, AND LM-4 REPORT

April 2008

v1.2

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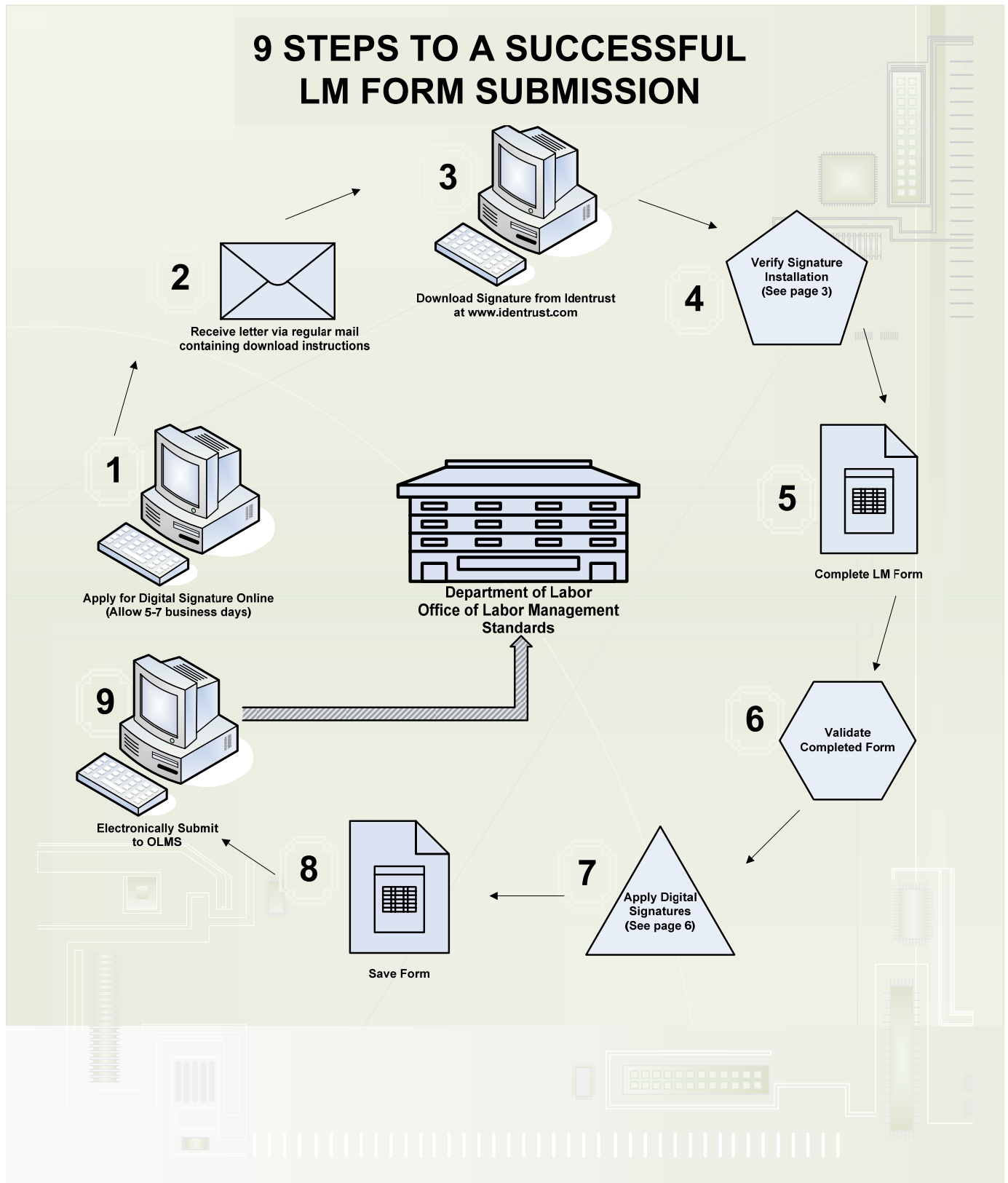
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1. IMPORTANT INFORMATION BEFORE YOU BEGIN

The LM-2 Report requires a digital signature for electronic submission, using an Access Certificate for Electronic Services (ACES) digital certificate. The certificates can also be used with the LM-3 and LM-4 reports. IdenTrust, formerly Digital Signature Trust (DST), provides the easiest and most reliable way to obtain ACES Digital Certificates. If you are electronically filing an LM Report, and have not purchased your signature or downloaded it from the IdenTrust website, <http://www.identrust.com/dol/index.html>, please do so before proceeding. Please allow 5 to 7 business days to obtain an ACES Digital Certificate from IdenTrust.

The U.S. Department of Labor's Office of Labor-Management Standards (OLMS) has formulated this guide, designed to take you step by step through the process of applying your digital signature to your LM Report and troubleshoot some common issues that may arise.

2. FLOW CHART OF THE DIGITAL SIGNING PROCESS



3. VERIFY YOUR SIGNATURE INSTALLATION (On the computer you will be signing from)

To Verify Your Signature Installation:

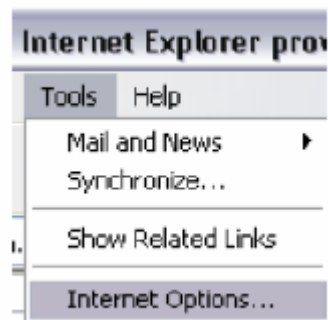
- 1. Open Internet Explorer.**



- 2. Select TOOLS from the Menu Bar.**



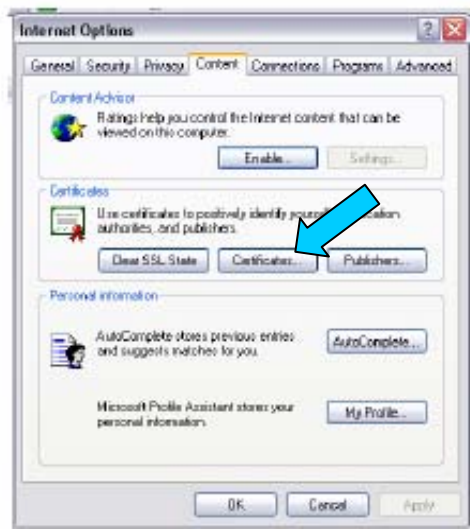
- 3. Select INTERNET OPTIONS.**



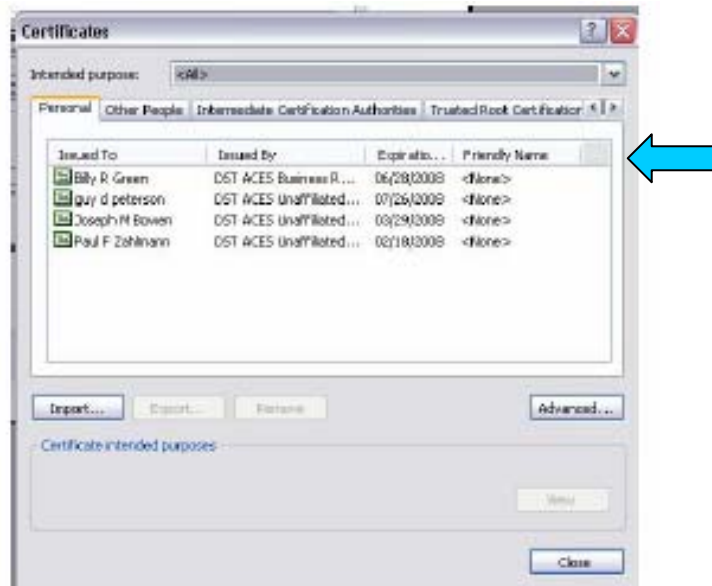
4. Select CONTENT tab.



5. Select CERTIFICATES button.



6. Locate the item that contains your name and ACES as the Issuer of your Business or Unaffiliated Individual Certificate, as shown below.



7. Locate the properties of your Digital ID in the chart below. Follow the condition for the “Name” and “Issued By” of your certificate(s) as it appears in your computer. Also, users should verify that their certificate is still valid from this location. Digital certificates issued by IdenTrust are valid for two (2) years and must be renewed if beyond the expiration date. Contact the IdenTrust Help Desk for further assistance at 1-888-339-8904.

NOTE: The only signature authorized for use on the LM Report is an authentic digital signature issued by DST/ACES ONLY (i.e. Acrobat Reader, SmartDraw etc. will not be accepted).

Name	Issued By	Expiration Date	Condition
John Doe	DST/ACES Unaffiliated		ACCEPTABLE ON THE LM REPORT
John Doe	John Doe		NOT ACCEPTABLE ON THE LM REPORT

4.1 APPLY YOUR DIGITAL SIGNATURE TO YOUR COMPLETED LM-2, LM-3, OR LM-4 REPORT

VALIDATE YOUR LM REPORT

The validation process verifies that you entered information in required fields and ensures that the information you entered is what the form 'expected.' For Example: Validation checks that you have entered a number, not text, into an amount field. Such items must be corrected in order for your validation to be successful and the validation check passed before you can proceed.

After data entry is completed:

1. Click the **VALIDATE** button on the bottom of page 1.

Your hand cursor will turn into an hour-glass and calculator to process your data.

U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210		FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT		Form Approved Office of Management and Budget No. 1215-0168 Expires: 11-30-2008	
MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP					
<small>This report is mandatory under P.L. 85-267, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 430 or 640.</small>					
<small>READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.</small>					
For Official Use Only		1. FILE NUMBER 067-219	2. PERIOD COVERED MO DAY YEAR From 07/01/2005 Through 06/30/2006	3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here: <input type="checkbox"/>	
4. AFFILIATION OR ORGANIZATION NAME LABORERS AFL-CIO			8. MAILING ADDRESS (Type or print in capital letters)		
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION			6. DESIGNATION NUMBER 1271		
7. UNIT NAME (if any)			First Name JAMES		
			Last Name HANSEN		
			P.O. Box - Building and Room Number		
			Number and Street 1021 W. 23RD ST		
			City CHEYENNE		
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 69.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			State WY		
			ZIP Code + 4 82001		
69. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)					
<small>Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)</small>					
70. SIGNED: _____ Date Telephone Number		PRESIDENT (if other title, see instructions.)		71. SIGNED: _____ Date Telephone Number	
				TREASURER (if other title, see instructions.)	
Form LM-2 (Revised 2003)		VALIDATE		Submit Additional Signatures	

VALIDATION CONFIRMATION

Once your form passes the validation, you will be prompted with a successful validation message.

1. Press OK to clear the message.

The image shows a screenshot of the 'FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT' from the U.S. Department of Labor. The form is partially filled out with the following information:

- 1. FILE NUMBER: 019-085
- 2. PERIOD COVERED: From 07/01/2005 to 06/30/2006
- 3. (a) AMENDED: (b) HARDSHIP: (c) TERMINAL:
- 4. AFFILIATION OR ORGANIZATION NAME: PLUMBERS AFL-CIO
- 5. DESIGNATION: LOCAL UNION
- 6. DESIGNATION NUMBER: 130
- 8. MAILING ADDRESS: JAMES SULLIVAN, 1340 WEST WASHINGTON BLVD, ZIP Code + 4: 60607-1936

An 'Adobe Acrobat' dialog box is overlaid on the form, displaying the message: 'This form has passed the validation check. Validations only check to make sure data has been entered properly in the form, but there could still be reporting errors in the form. Please review the LM-2 Instructions to make sure this form has been filled out according to the requirements. Please click on a signature field to sign.' A blue arrow points to the 'OK' button in the dialog box.

At the bottom of the form, there are signature fields for the President (70) and Treasurer (71). A red arrow points to these fields in the accompanying text.

A **RED ARROW** () will appear above signature fields 70 (President) and 71 (Treasurer).

YOUR FORM DID NOT VALIDATE?

See the Form User Guide available from the form download page (http://www.dol.gov/esa/olms_org.htm) for help. If you need further assistance, contact the LM Support Center at 1-866-401-1109.

SIGNATURE MARKS

Before Clicking on the Red Arrow to attach your digital Signature, Enter your Telephone Number in the telephone number field. Note: The date will be entered automatically during the signing process.

1. Click the **RED ARROW**  for the field where your signature will go.

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0106
Expires: 11-30-2008

MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only E	1. FILE NUMBER 019-085	2. PERIOD COVERED MO DAY YEAR From 07/01/2005 Through 06/30/2006	3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here: <input type="checkbox"/>
4. AFFILIATION OR ORGANIZATION NAME PLUMBERS AFL-CIO		5. MAILING ADDRESS (Type or print in capital letters)	
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION		Last Name SULLIVAN	
6. DESIGNATION NUMBER 130		First Name JAMES	
7. UNIT NAME (if any)		P.O. Box - Building and Room Number	
9. Are your organization's records kept at its mailing address? (If "No," provide address in item 69.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Number and Street 1340 WEST WASHINGTON BLVD	
		City CHICAGO	
		State IL	
		ZIP Code - 4 60607-1936	
69. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)			
Each of the undersigned duly authorized officers of the above labor organization, declares, under penalty of perjury and under applicable penalties of law, that all of the information submitted in this report (including information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section 3) on penalties in the instructions.)			
70. SIGNED: _____ Date Telephone Number		71. SIGNED: _____ Date Telephone Number	
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)	
Form LM-2 (Revised 2003)		General Additional Information Validate Form Submit Additional Signatures	

TITLES: CAN be changed on the form by highlighting and typing over the existing text to the right of signature fields 70 and 71. Please note that you will be prompted to explain the title change in the Additional Information section of the form.

DATES: CANNOT be added manually. The date will be added to the report automatically during the signing process.

TELEPHONE NUMBER: You can type in the telephone number by clicking on the telephone number field in the signature fields 70 and 71 before attaching your digital signatures.

SIGNATURE/REPORT CERTIFICATION MESSAGE

Applying your ACES signature to the LM Report begins the certification process.

Select the “Continue Signing” button when prompted after you have performed the Signature Verification process previously discussed.

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
Washington, DC 20213

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved
Office of Management and Budget
No. 1515-0188
Expires: 11-30-2005

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only E	1. FILE NUMBER 019-085	2. PERIOD COVERED MO DAY YEAR From 07/01/2005 Through 06/30/2006	3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here: <input type="checkbox"/>
4. AFFILIATION OR ORGANIZATION NAME PLUMBERS AFL-CIO		5. MAILING ADDRESS (Type or print in capital letters) First Name: JAMES Last Name: SULLIVAN P.O. Box - Building and Room Number Number and Street: 1340 WEST WASHINGTON BLVD City	
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION		6. DESIGNATION NUMBER 130	
7. UNIT NAME (if any)		9. Are your organization's records provide address in Item 69.)	
69. ADDITIONAL INFORMATION		Additional Information* button.)	
<div style="border: 1px solid gray; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center; font-weight: bold; font-size: 10px;">Document is Not Certified</p> <p style="font-size: 12px;">⚠ You are about to apply the First Digital Signature to this document.</p> <p style="font-size: 10px;">If you received this document from someone else, it could have been altered without the author's consent. Unless you receive this file from a trusted sender, you may not want to sign it.</p> <p style="font-size: 10px;">If you created this document, you may want to apply a certifying signature instead of a regular Digital Signature. If unauthorized changes are made to a Certified document, the Certifying Signature will be invalidated.</p> <p style="text-align: center;"> <input type="button" value="Continue Signing..."/> <input style="border: 2px solid blue;" type="button" value="Certify Document..."/> <input type="button" value="Cancel"/> </p> </div>			
<p style="font-size: 8px;">Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)</p>			
10. SIGNED: _____ Date Telephone Number		11. SIGNED: _____ Date Telephone Number	
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)	

Form LM-2 (Revised 2003)

General Additional Information

Validate Form

Submit

Additional Signatures

The Digital Signature Selection Window appears.

Locate your ACES certificate that lists “DST/ACES Unaffiliated or Business Representative....”

1. Select to highlight your DST/ACES ID.
2. Select OK.

The Apply Signature to Document window appears.

1. Enter your PASSWORD (if prompted).
If you have forgotten your password, you MUST contact IdenTrust at 1-888-339-8904.
2. Select SIGN AND SAVE AS to continue.
This option helps to clean up the form and any objects including extra and unnecessary pages no longer needed by the file. It also checks the form for abnormalities and reduces the large file size.

The screenshot shows the 'FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT' from the U.S. Department of Labor. The form is partially filled out with the following information:

- FOR ORHAM Use Only: E
- 1. FILE NUMBER: [blank]
- 2. PERIOD COVERED: MO: [blank], DAY: [blank], YEAR: [blank]
- 3. (a) AMENDED - If this is an amended report, check here: []
- 4. AFFILIATION OR ORGANIZATION NAME: PLUMBERS AFL-CIO
- 5. DESIGNATION (Local, Lodge, etc.): LOCAL UNION
- 7. UNIT NAME (if any): [blank]
- 9. Are your organization's records provide address in Item 69: []
- 69. ADDITIONAL INFORMATION: [blank]
- Last Name: SULLIVAN
- ZIP Code - 4: 00607-1936

A dialog box titled 'Apply Signature to Document' is overlaid on the form. It contains the following fields and buttons:

- Signing as: James Deans
- Confirm Password: []
- Options for Signing Document: (select or edit): []
- Buttons: Show Options >>, Help, Sign and Save As..., Sign and Save, Cancel

Two blue arrows point to the 'Sign and Save As...' button in the dialog box and the 'Sign and Save As...' button in the form's footer.

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI in parentheses in the instructions.)

TO SIGNED: _____ PRESIDENT (If other than see instructions.) _____ DATE: _____ TELEPHONE NUMBER: _____

BY SIGNED: _____ TREASURER (If other than see instructions.) _____ DATE: _____ TELEPHONE NUMBER: _____

Form LM-2 (Revised 2003)

General Additional Information	Validate Form	Submit	Additional Signatures
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The SAVE AS window appears.

From the SAVE AS window locate:

SAVE IN (top of window). This is where your LM Report will be saved on your computer.

FILE NAME (bottom of window). Make sure this is the name of the file you wish to use to save your LM report.

The image shows a screenshot of the 'FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT' with a 'Save As' dialog box open. The dialog box is titled 'Save As' and shows the file name 'James Dean Signature Test LMFORM' and the save location 'C:\Users\jessica\Desktop'. Two blue arrows point to the 'Save In' and 'File name' fields. The background form includes fields for '1. FILE NUMBER', '2. REPORT PERIOD', '3. (a) AMENDED', '(b) HARDSHIP', and '(c) TERMINAL'. It also has a 'Save' button and a 'Cancel' button.

This is the file and location of your LM Report. Unless you change the name, it should be the same as the previous version saved in this location.

1. Press SAVE to begin the save process.
2. Select YES to replace and save the file.
This process could take a few minutes depending on the size of your file.

4.2 APPLYING THE SECOND SIGNATURE TO YOUR REPORT

You have successfully applied the first digital signature to the LM Report and have saved it in the designated area on your computer's hard drive (local or C:/).






To apply the second officer's signature simply repeat the steps on page 8 titled "Signature Marks."

The following are situations that may apply to you when attempting to attach a second signature to your LM Report and solutions to follow:

SITUATIONS:	HOW TO APPLY THE SIGNATURE:
Both signers are sharing one computer	Since both signatures on the LM Report are installed on the same computer each officer can apply his/her signature separately.
The two signers are on separate computers and/or in different locations	CD-ROM Save the completed LM Report on a writable CD and mail or deliver it to the second signer. The second signer must save the file to their computer before attempting to attach the second signature. FLASH DRIVE Save the completed LM Report on a flash drive to deliver to the second signer. The second signer must save the file to their computer before attempting to attach the second signature. SHARED OFFICE NETWORK Each signer must save the completed LM Report to his/her desktop before attempting to attach their digital signature and then replace the report on the shared network drive. Users will not be able to digitally sign the LM Report 'across' a shared network. EMAIL Emailing a completed LM Report is only recommended for files 4MB or smaller. Most email servers will not be capable of transmitting large LM reports between signers without damaging/corrupting the file.

MESSAGES, SYMBOLS & MEANINGS

The symbols and messages you might see after you have applied your digital signature to the LM Report will be Adobe Reader messages and may not apply to the signature itself. Your signature will be validated and verified in the submission process.

	Signature Ready Icon	Above the signature fields 70 and 71, it indicates the presence of the empty signature field.
	Checkmark Icon	Indicates the signature is valid.
	Warning Sign	Indicates the document has been modified after the signature was added. This does not signify a change to the document or else the signature would disappear, but usually occurs after the 2 nd signature has been applied.
	Question Mark	Indicates the signature could not be verified. This signature is still valid but cannot be verified until the report is submitted.
	Red "X"	Indicates this signature is not valid. Contact your digital signature vendor immediately.

If you have further questions or concerns, please call the LM Support Call Center at 1-866-401-1109 for assistance.

5. SUBMITTING THE COMPLETED AND SIGNED LM REPORT TO OLMS

Once you have applied the two required digital signatures to your completed LM Report, you may proceed with the electronic submission to OLMS.

Click the SUBMIT button on the bottom of page 1 of the report and you will be taken to the Upload Form web page. Follow the instructions on this page to complete the electronic submission process. If your report is successfully submitted you will receive a confirmation receipt which you are instructed to print and keep for your records. If your report is rejected you will be given an error summary detailing any item(s) that must be corrected in order to complete your submission successfully.

If you have any questions related to the application of electronic signatures and error messages applied to the LM Report, please contact the LM Support Call Center at 1-866-401-1109 or the IdenTrust Help Desk toll-free at 1-888-339-8904.

6. COMMON PROBLEMS & RECOMMENDATIONS

The following is a list of signature related problems and resolutions that may assist you should you encounter any of them.

Problem	Explanation (if applicable)	Recommendation
You are unable to purchase certificate/signature due to lack of sufficient personal documentation.	Signing officer does not have a credit card.	Contact IdenTrust at 1-888-339-8904 to inquire about purchasing an ACES certificate using a purchase order.
You have not purchased the certificate yet.		An ACES certificate can be purchased through IdenTrust at: http://www.identrust.com/dol/index.html Please allow 5 to 7 business days to complete the purchase process.
Forgot pass-phrase and/or password.		Call IdenTrust Help Desk at 1-888-339-8904.
Signature disappears.		See the instructions on page 3 of this guide to ensure proper installation of the digital certificate/signature.
Validation Error		
Start/End of Year Cash Balance Discrepancy.	There is a problem with your Start and/or End figures.	See LM User Guide available from the form download page http://www.dol.gov/esa/olms_org.htm
Error Summary Page (ESP).	Items in LM Report must be corrected.	See LM User Guide available from the form download page http://www.dol.gov/esa/olms_org.htm
Submission Error		
Validation failure for signee.	<ul style="list-style-type: none"> - Certificate is not DST/ACES - Certificate has expired - Certificate has been revoked 	Contact IdenTrust about purchasing an ACES certificate by visiting http://www.identrust.com/dol/index.html
Form was rejected because it has not been validated and signed properly.	<ul style="list-style-type: none"> - Form not validated before signing. - Not using field 70 and 71 to sign the form. 	Clear signature (right-click on signature + clear signature) and then follow the validate form instructions on page 6 of this guide.
Form rejected because two signatures are not on it.	Your form has just 1 certified DST/ACES signature and requires a second signature.	Purchase an ACES certificate for the second officer by visiting http://www.identrust.com/dol/index.html

7. GETTING SUPPORT

**Department of Labor
Office of Labor-Management Standards (OLMS)
200 Constitution Avenue, NW, Room N-5609
Washington, DC 20210**

LM Support Call Center	Technical Support for LM Reports including assistance with completing the form as well as attaching digital signatures.	1-866-401-1109
Online Public Disclosure Room	To view/print copies of reports filed for year 2000 and later http://www.unionreports.gov	
Public Disclosure Room	To order copies of previously filed reports.	202-693-0125
OLMS Website	http://www.olms.dol.gov	
IdenTrust Website	http://www.identrust.com/dol/index.html	