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

February 2008

v1.1

TABLE OF CONTENTS

1. Important Information Before You Begin1
2. Flow Chart of Digital Signing Process2
3. Verifying Your Digital Signature Installation3
4. Apply Your Digital Signatures to Your Completed LM-2, 3, or 4 Report
4.1 First Signature6
4.2 Second Signature12
5. Submitting the LM Report to OLMS14
6. Common Problems & Recommendations15
7. Getting Support16

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.

sering	aprona	LEU
General	Security Privacy Content Connections Program	a Advance
Conter	nt Achieve	
	Ratings help you control the Internet content, that can viewed on this computer.	nbe
-	Enable Soft	has.
- Datk		
Contact	Une cartificates to positively identify space	ilian :
	authorities, and publishers	2092
	Dear SSL State Certificater. Public	hez.
Darres	and primary and	
raw		
E	AutoComplete stores previous entries AutoCon	npiete
	and suggests electrics to you	distante la
	Microsoft Photie Assistant stores your My Pr personal information	ulie.

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

adTo	Imused By	Expiratio	Prendly Name	
ally R Green guy d peterson loseph M Bowen Raul F Zahlmann	DST ACES Business R DST ACES UndMilated DST ACES UndMilated DST ACES UndMilated	06/28/2008 07/26/2008 06/29/2008 02/18/2008	chiona> chione> chione> chione>	
rt	Farture		Advanced	

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.*

This report is man	datory under P.L. 86-257, as am	ended. Failure to comply may re	sult in criminal prosecution	on, fines, or okil penalties as provid	led by 29 U.S.C. 439 or 440.
	REAL	THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARI	NG THIS REPORT.	
For Official User Only	1. FILE NUMBER D67-219	2. PERIOD COVERED MO DA From 07/01/200 Through 06/30/200	Y YEAR 5 6	 (a) AMENDED - If this is here: (b) HARDSHIP - If filing procedures, check here: (c) TERMINAL - If this is 	an amended report, check under the hardship a terminal report, check hare:
4. AFFILIATION OR ORGANIZA	TION NAME		8. MAILING ADORES	S (Type or print in capital letters)	
LABORERS AFL-CIO			First Name		Last Name
5. DESIGNATION (Local, Lodge,	eta.)	6. DESIGNATION NUMBER	JAMES		HANSEN
LOCAL UNION		1271	F.D. Box - Building at	nd Room Number	•
7. UNIT NAME (if any)			1		
			Number and Street		
			1021 W. 23RD ST	Т	
9. Are your organization's provide address in item 69	records kept at its mailin	ig address? (if "No,"	CHEYENNE		
provide abureaa in nem oo	.7	Yes 🔀 No 🗌	State		ZIP Gode + 4
69. ADDITIONAL INFORM	IATION (Text entered wi	II appear on last page of	WY form. To enter cor	mments, press the "Genera	82001 I Additional Information* button.)
Each of the undersigned, duly au this report (including the information	IATION (Text entered wi thorized officers of the above ion contained in any accompa persities in the instructions (II appear on last page of labor organization, declaras, un rying documents) has been ex-	form. To enter con form of perjury a remed by the signatory	numents, press the "General method of the second of the underside of the u	82001 I Additional Information* button.) w, that all of the information submitted in predis inswidge and beliet, true, correct

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 second second	rounder R1_NU257_ac are	ANNUAL RECEIPTS AND LA	ABOR ORGANIZATIONS IN TRU	STEESHIP	11x 29115 C //38 cr 4/0
This report is manual	REAL DO-201, as an	THE INSTRUCTIONS CAREEL	LLY REFORE PREPARING THIS	REPORT	3 NY 28 0.375. 438 01 440.
For Official Use Only	1. FILE NUMBER	2 PERIOD COVERED MO D/ From 07/01/200	и усал 3. (а) А here IS (b) Н	MENDED - If this is a ARDSHIP - If filing u	an amended report, check
E	019-080	Through 06/30/200)6 proc (c) T	edures, check here: ERMINAL - If this is a	a terminal report, check here:
4. AFFILIATION OR ORGANIZATIO	IN NAME		8. MAILING ADDRESS (Type	or print in capital letters)	
PLUMBERS AFL-CIO			First Name		Last Name
5. DESIGNATION (Local, Lodge, et	s.)	6. DESIGNATION NUMBER	JAMES	1	SULLIVAN
LOCAL UNION		130	P.O. Box - Building and Room	Number	
7. UNIT NAME (if any)		1	1		
			Number and Street		
[1340 WEST WASHINGT	ON BLVD	
			Cilv		
9. Are your organization's re	Cords Kept Adobe Acr	robat			
	🤹 (j) j	his form has passed the validati late has been entered properly	ion check. Validations only check in the form, but there could still b	to make sure e reporting	ZIP Code + 4 60607-1936
69. ADDITIONAL INFORMA	TION (Text h	erors in the form. Please review as been filled out according to t	v the LM-2 Instructions to make a the requirements.	eneral	Additional Information" button.
			(<u> </u>	
Each of the undersigned, duly authors the seport including the information and complete. (See Section VI on p	prized officers of the allove contained in any accompa- enatives in the instructions.)	labor organization, deolares, ur rying documents) has been ex	der penalty of perjury and offier amined by the signatory and is, t	opplicable penalties of law	, that all of the information submitted i ed's knowledge and belief, true, corre
Each of the undersigned, duly authors the report (including the information and earspiete, (See Section VI on p	prized officers of the allove contained in any accompa- enancies in the instructions.)	labor organization, deolares, ur rying documents) has been ex	der penalty of perjury and officer amines by the signatory and is, t	opplicable penalties of law o the loest of the undersign	, that all of the information submitted ied's knowledge and belief, true, come
Each of the undersigned, duly authors report (including the information and oampiete. (See Section VI on p	prized officers of the okove contained in any accompa- enatios in the instructions.)	abor organization, deolares, un nying documentisi has been ex PRESIDENT (if other title, se 	der penalty of pedjury and other amined by the signatory and is, t 71. SIGNED:	oppisable penalties of tax o the lasst of the undersign	, that all of the information submitted red's knowledge and bellet, true, corre TREASUREF (if other title instructions)

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

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

This report is mandator	ry under P.L. 86-257, as ame	ended. Failure to comply may re	sult in criminal prosecut	io mini revolt commendation as provid	ded by 29 U.S.C. 439 or 440.
	READ	THE INSTRUCTIONS CAREFU	LLY BEFORE PREPAR	ING THIS REPORT.	
For Official Use Only	1. FILE NUMBER	2. PERIOD COVERED MO DA Prom 07/01/200	V YEAR	 (a) AMENDED - If this is here: (b) HARDSHIP - If filing 	s an amended report, check under the hardship
E	019-085	Through 06/30/200	6	(c) TERMINAL - If this is	: s a terminal report, check here
4. APPILIATION OR ORGANIZATION	NAME		8. MAILING ADDRE:	SS (Type or print in capital lettera))
PLUMBERS AFL-CIO			First Name		Lost Name
5. DESIGNATION (Local, Lodge, etc.))	6. DESIGNATION NUMBER	JAMES		SULLIVAN
LOGAL UNION		130	P.O. Box - Building a	and Room Number	
7. UNIT NAME (if any)					
			Number and Street		
			1340 WEST WAS	SHINGTON BLVD	
			City		
Are your organization's rec sould address in them 50 is	ords kept at its mailin	g address? (If "No,"	CHICAGO		
provide address in fiem 69.)					20.0 / /
		THELA NO. I	State		ZIP Code + 4
69. ADDITIONAL INFORMAT	10N (Text entered wit	appear on last page of	form. To enter co	mments, press the "Genera	60607-1936 al Additional Information" butto
69. ADDITIONAL INFORMAT	ION (Text entered wit	ter organization, declares, un	der penalty of perjury,	mments, press the "Genera applicable penalties of the	are, that all of the information submitte spectra knowledge and baller, true, co
69. ADDITIONAL INFORMAT	ION (Text entered will interest of the above la contained in any accompan- nation in the instructions.).	THE I TO LAST Page of I appear on last page of abor organization, declares, un lying documents) has been aco	der penalty of perjury	mments, press the "Genera main applicable penalties of L is, to the best of the unders	air, that all of the information submitte grad's knowledge and belief, true, co
69. ADDITIONAL INFORMAT	ION (Text entered will ized officers of the above la contained in any accompan- nafies in the instructions.).	abor organization, declares, un yring documental has been exp	der penalty of perjury minimal by the signal	mments, press the "Genera record of the solar of the unders	air, that all of the information submitte grad's knowledge and belief, true, co
Each of the unders inly authorn this report (includes and complete	ION (Text entered will ized officers of the above to contained in any accompan- nalities in the instructions.).	ator organization, declares, un rying documental has been exp (if other tite, see	form. To enter co der penalty of perjury mined by the signal	mments, press the "Genera main applicable penalties of b is, to the best of the unders	air, that all of the information submitte greed's knowledge and belief, true, co TREASUR (If other its

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 submission process.

TELEPHONE NUMBER: see page 10 of this guide for instructions on how to enter your telephone number on the form.

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.

This report is mandato	ry under P.L. 86-267, as am	ended. Failure to comply may re	sult in criminal prosecut	ion, fines, or civil penalties as provi	ided loy 29 U.S.C. 439 or 440	
	READ	THE INSTRUCTIONS CAREFU	ILLY BEFORE PREPAR	ING THIS REPORT.		
For Official Use Only	1. FILE NUMBER	2. PERIOD COVERED MO DA	Y YEAR	3. (a) AMENDED - If this i	is an amended report,	check
		From 07/01/200	6	(b) HARDSHIP - If filing	under the hardship	
-	019-085	march 06/20/200	e.	procedures, check here	ic '	_
E		Thiough 00/30/200	0	(c) TERMINAL - If this i	is a terminal report. ch	eck here:
A FFILIATION OR ORGANIZATION NAME B. MAUNIG ADDRESS (Type or print in capital letters)						
PLUMBERS AFL-CIO			First Name		Last Name	
5. DESIGNATION (Local, Lodge, etc.	J	6. DESIGNATION NUMBER	JAMES		SULLIVAN	
LOCAL UNION		130	P.O. Box - Building a	nd Room Number		
7. UNIT NAME (if any)						
			Number and Street			
			1340 WEST WAS	SHINGTON BLVD		
9 Are your organization's rec	vorde/		City			
provide address in Item 69.)	Document is No	t Certified				
per la trata analysis and a trata tr						
					ZIP Code + 4	
	A Vou are a	about to apply the First Digital S	ignature to this docume	nt.	ZIP Code + 4 60607-1936	
		about to apply the first Digital S reived this document from some	ignature to this docume some else, it could have	nt. been altered without the	ZIP Code + 4 60607-1936	m" button)
69. ADDITIONAL INFORMAT	TON Vou are a b' you re author's t	about to apply the first Digital S relived this document from some consent. Unless you receive this	ignature to this docume some else, it could have s file from a trusted ser	nt. been altered without the ider, you may not want to sign	ZIP Code + 4 60607-1936 Additional Informatio	on" button.)
69. ADDITIONAL INFORMAT	ION Vou are a bivou ret author's a.	about to apply the first Digital S rewed this document from some consent . Unless you receive this	ignature to this docume some else, it could have is file from a trusted or	nt. Voen altered without the nder, you may not want to sign	ZIP Code + 4 60607-1936 Additional Informatio	m" button.)
69. ADDITIONAL INFORMAT	ION Vou are a bi you re author's it. if you ch regular D	about to apply the first Digital S coived this document from some consent. Unless you receive this eased this document, you may A signal Signature. If unauthorized	ignature to this docume some else, it could have is file from a trusted ver want to each d change	nt. been altered without the nder, you may not want to sign ng bigneture instead of a a Certified document, the	ZIP Code + 4 60607-1936 Additional Informatio	on" button.)
69. ADDITIONAL INFORMAT	ION Vou are of D'you re author's t. u'you cre author's t. u'you cre author's t.	about to apply the first Digital Si ceived this document from some consent. Unless you receive the extend this document, you may you gistal Signature. If unauthorized g Signature relibe invalidated.	ignature to this docume some else, it could have is file from a trusted or want to each of in d change add to	nt. where altered without the oder, you may not want to sign ing signerure instead of a a Certified document, the	ZIP Code + 4 60607-1936 Additional Informatio	m" button.)
69. ADDITIONAL INFORMAT	TON Vou are a bigging for the subors author's a. U' you are s. U' you are subor's a. U' you are subor's author's a.	about to apply the first Digital 30 ceived this document from some consent. Unless you receive this seated this document, you may y signal Signature. If unauthorized g Signature reliber tradictions.	ignature to this docume some else, it could have s file from a trusted or want to ever add to d change add to botto	nt. where altered without the der, you may not want to sign ng segnerure instead of a a Certified document, the paramet	ZIP Code + 4 60607-1936 Additional Informatio	m" button. }
69. ADDITIONAL INFORMAT	TON Vou are a by you re- author's a could be regular D Cettifier	about to apply the first Digital Si evend this document from some consent. Unless you receive this extent this document, you may sight Signature. If unauthorized g Signature will be invalidated. Continue Si	ignature to this docume some else, it could have is file from a truster are want to approve the top d change d change gring	nt. -been shered without the rider, you may not want to sign og oppreure instead of a a Certified document, the 	ZIP Code + 4 60607-1936 Additional Informatio	m" button.)
69. ADDITIONAL INFORMAT	TON Vou are a by you re- author's 1 c. d' you cre requise D Cartifying	about to apply the first Digital Si served this document from some consent. Unless you receive the second this document, you may signal Signature. If unauthorized Signature reliber invalidated. Continue Si	ignature to this docume ence else, it could have is file from a trustest en went co entr d change de to famige	nt. -been absred without the der, you may not want to sign ng signesure instead of a a Certified document, the comment Cancel	ZIP Code + 4 60607-1936 Additional Informatio	n" button.)
69. ADDITIONAL INFORMAT	ION Vou are a by you re author's t. u' you are regular D Cartificine	shout to apply the first Digital Si ceived this document from some consent. Unless you receive thi extend this document, you may v rigital Signature. If unauthorize g Signature will be invalidated. Continue S	ignature to this docume enne else, it could have s file from a trusted ver want to anyt d change agring Cartify I	nt. -been absred without the der, you may not want to sign ng ognature instead of a a Certified document, the comment Cancel	ZIP Code + 4 60607-1936 Additional Informatio	m" button.}
69. ADDITIONAL INFORMAT	ION Vou are a by you re author's t. u' you are suthor's t. U' you are author's t. Certifying	about to apply the first Digital Si ceived this document from some content. Unless you receive this extent this document, you may a registal Signature () to maximize g Signature will be invalidated. Continue Si	ignature to this docume enne else, it could have a file from a truster ver want to approve to fin d change ligning	nt. -been abored without the der, you may not want to sign ng organoure instead of a a Certified document, the cocument Cancel	ZIP Code + 4 60607-1936 Additional Informatio	m" button.}
69. ADDITIONAL INFORMAT	TON Vou are a by you re- author's a could be require D Certifying	about to apply the first Digital Si ceived this document from some consent. Unless you receive this extent this document, you may high al Signature. If urnauthorizes g Signature will be invalidated. Continue S	igneture to this docume ence else, it could have is file from a trustet en want co estit d change d change d change Centify D	nt. -been shered without the rider, you may not want to sign or opprove instead of a a Certified document, the 	ZIP Code + 4 60607-1936 Additional Informatio	m" button. }
69. ADDITIONAL INFORMAT	TON Vou are a by you re- author's 1 d' you cr author's 1 d' you cr requise D Cartifying	about to apply the first Digital Si terived this document from some consent. Unless you receive this eated this document, you may signal Signature. If unsuthorized Signature rell be trivialished. Continue Si	ignature to this docume ence else, it could have is file from a trusteet en went co ence d d hange ligning Centify t	nt. -been abored without the rider, you may not want to sign ng signesure instead of a a Certified document, the Concel	ZIP Code + 4 60607-1936 Additional Informatio	n" bution.}
Each of the undersigned, duly author	TON Vou are a by you are a by you are a author's 1 b, uf you are required at Carbifying	about to apply the first Digital Si served this document from some consent. Unless you receive the second this document, you may v signal Signature. If unauthorized Signature reliber invalidated. Continue Si alter organization, declares, un	ignature to this docume exceptions, it could have a file from a trusteet en went co each document of change der penalty of perjury of perjury of perjury of	nt. -been abored without the der, you may not want to sign ng signature instead of a a Certified document, the comment Cancel	aw, that all of the information	n submitted in
Each of the undersigned, duty author this report (including the information of	TON Vou are a by you re- author's i t. u' you on regular D Cartifiers Cartifiers	shout to apply the first Digital Si served this document from some consent. Unless you receive this extend this document, you may v signal Signature. If unauthorizes of Signature will be invalidated. Continue Si door arganization, declares, un ying documents) has been ex-	ignature to this docume some cise, it could have some cise, it could have so the frame attraction want to approximately of a change agring	nt. -been aboved without the der, you may not want to sign ing segmenume instead of a a Certified document, the 	Additional Information	n submitted in ef, bue, conect
Each of the undersigned, duty author this report including the information and complete. See Section VI on per	TON Vou are a by you re- author's a d'you cr regular D Castifying too contained in any accompan- nalies in the instructions.)	about to apply the first Digital Si ceived this document from some consent. Unless you receive this extent this document, you may high al Signature. If unauthorized g Signature will be invalidated. Continue Si alter organization, declares, un ying documents) has been exc	ignature to this docume ence else, it could have a file from a truster en- want co est d change d change est to to certify to der penalty of perjury a animed by the signator	In t. been shered without the rder, you may not want to sign group expensive instead of a a Certified document, the comment Cancel and other applicable penalties of y and is, to the best of the unders	Additional informations and the information of the	n outmitted in d, true, consect
Each of the undersigned, duty author this report including the information and complete. (See Section VI on per	TON Vou are a try ou re author's a d'you re author's a d'you cre author's a regular D Cettifica Cettifica contained in any accompany natices in the instructions.)	about to apply the first Digital Si served this document from some consent. Unless you receive this extent this document, you may signal Signature. If unauthorizes g Signature will be invalidated. Continue Si alion organization, declares, un yong documents) has been exp	ignature to this docume ence else, it could have is file from a trusteet en- want co. each of the d change and the d change and the d change and the second interpretative of perjury a amined by the signal or	nt. -been shered without the rder, you may not want to sign on oppreure instead of a a Certified document, the Cocument Cancel and offer opplicable penalties of y and is, to the best of the under	Additional Information	n submitted in d, bue, correct
Each of the undersigned, duly author this seport including the information and earspicte. Gee Section VI on per 70. SIGNED.	TON Vou are a by you re- author's 1 author's 1 CarthFyine	about to apply the first Digital Si terived this document from some consent. Unless you receive this ested this document, you may signal Signature. If unsuthorized Signature reliber tradicisted. Continue Si alter organization, designet, un tying documents) has been exc PRESIDENT	ignature to this docume ence else, it could have is file from a trusteet en went co ence de disange der penalty of perjury a animed by the signator T1. SIGNED:	nt. -been abored without the der, you may not want to sign ng signesure instead of a a Centified document, the comment Cancel and other applicable penalties of y and is, to the best of the unders	Additional Information	n outmitted in d, true, correct
Each of the undersigned, duly author this report including the information and complete	TON Vou are a by you are a by you are a author's 1 t. u' you are regular D Carbfride Carbfri	about to apply the first Digital Si served this document from some consent. Unless you receive the registal Signature all be invalidated. Continue Si alter organization, dealanes, un ying documents) has been exis PRESIDENT (if other tills, see instructions.	ignature to this docume ence else, it could have is file from a trusted en went to entry of the for drange could be to lighting	nt. -been abored without the der, you may not want to sign ng segmenter instead of a a Certified document, the comment Cancel and officer applicable penalties of y and is, to the loss of the unders	Additional Information	n outmitted in ef, true, consect TREASURER (Frother title, se

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. Click the Show Options button to expand the window.

- 1. Enter your PASSWORD (if prompted). If you have forgotten your password, you MUST contact IdenTrust at 1-888-339-8904.
- 2. Enter your TELEPHONE NUMBER on the Contact Information line.
- 3. 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.

U.S. Department of Lab Employment Standards Admin	Meter FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT CONCERNMENT	orm Approved anagement and Budget
Washington, DC 20	Apply Signature to Document	11-30-2006
For Official Us	To complete the signing process, you must apply the Digital Signature to the document by saving the document. In case you need to later make changes to the original, it is recommended that you create a new signed copy of the document by clicking Sign and Save As.	heck
	Signature Deta	sk here: 🗆
4. AFFILIATION OR C SERVICE EMPLC 5. DESIGNATION (Lo	Signing as Davi View Digital ID	
LOCAL UNION 7. UNIT NAME (If any	Reason for Signing Document: (select or edit)	
MH/MR/DD -HOM	***	
9. Are your organ provide address ir	<< Hide Options	
69. ADDITIONAL	Options Signature Appearance:	i" button.)
	Standard Text Preview New	
	Location, e.g. city name: (optional)	
	Your Contact Information, e.g., phone number: (o	
	202-693-0124	
Each of the undersign this report (including th and complete. (See Se		submitted in , true, correct,
70. SIGNED		(EASURER other title, see
Date	Help Sign and Save As Sign and Save Cancel	
M-2 (Revised 2003)		Block

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.



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

SITUATIONS:

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:

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.

HOW TO APPLY THE SIGNATURE:

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.

STREEN.	Signature Ready Icon	Above the signature fields 70 and 71, it indicates the presence of the empty signature field.
A	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.
2	Question Mark	Indicates the signature could not be verified. This signature is still valid but cannot be verified until the report is submitted.
X	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 your 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

Γ

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	Signing officer does not	Contact IdenTrust at 1-888-339-8904 to
certificate/signature due to	have a credit card.	inquire about purchasing an ACES
lack of sufficient personal		certificate using a purchase order.
documentation.		
You have not purchased the		An ACES certificate can be purchased
certificate yet.		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		Call IdenTrust Help Desk at 1-888-339-
password.		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	There is a problem with	See LM User Guide available from the	
Balance Discrepancy.	your Start and/or End	form download page	
	figures.	http://www.dol.gov/esa/olms_org.htm	
Error Summary Page (ESP).	Items in LM Report must	See LM User Guide available from the	
	be corrected.	form download page	
		http://www.dol.gov/esa/olms org.htm	

Submission Error				
Validation failure for signee.	- Certificate is not	Contact IdenTrust about purchasing an		
	DST/ACES	ACES certificate by visiting		
	- Certificate has expired	http://www.identrust.com/dol/index.html		
	- Certificate has been			
	revoked			
Form was rejected because	- Form not validated	Clear signature (right-click on signature		
it has not been validated and	before signing.	+ clear signature) and then follow the		
signed properly.	- Not using field 70 and 71	validate form instructions on page 6 of		
	to sign the form.	this guide.		
Form rejected because two	Your form has just 1	Purchase an ACES certificate for the		
signatures are not on it.	certified DST/ACES	second officer by visiting		
_	signature and requires a	http://www.identrust.com/dol/index.html		
	second signature.			

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	