



PLEASE COMPLETE THE FOLLOWING INFORMATION:

Federal Employer ID

No., or Exempt Reason: \_\_\_\_\_

Workers Comp. Insurance

Carrier or Exempt Reason: \_\_\_\_\_

MESC Employer # or

Exempt Reason: \_\_\_\_\_

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

OFFICE USE ONLY:

Date of Registration: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Paid: \_\_\_\_\_

AS400 Updated: \_\_\_\_\_