

U.S. Department of Labor

DRAFT
Bureau of Labor Statistics
Postal Square Building Suite 4840
2 Massachusetts Ave., NE
Washington, DC 20212-0001



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Dear Employer:

Every few years, your State agency and the U.S. Bureau of Labor Statistics (BLS) request that you verify general business information about your firm. Please make any changes to the preprinted information on the enclosed Industry Verification Form and use the envelope provided to return the form within **14 days**. Even if the preprinted information is correct, we still need to hear from you. You should be able to verify the information on this form in about five minutes.

This survey is **mandatory** in accordance with the State law referenced at the top of the enclosed form, and is authorized by 29 U.S. Code, Section 2. The information collected by your State agency and BLS will be used for statistical and Unemployment Insurance program purposes and other purposes in accordance with law. Additional information regarding this survey can be found at: www.bls.gov/cew.

If you have any questions, please contact the State office listed on the bottom left side of the form.

Thank you for your cooperation.

Sincerely,

Philip L. Rones, Deputy Commissioner
U.S. Bureau of Labor Statistics

Enclosure