

PETITION FOR PARTIAL TRANSFER OF EXPERIENCE (A.C.A. 11-10-710(B))

ALL QUESTIONS MUST BE ANSWERED

1. NAME OF PREDECESSOR OR TRANSFER EMPLOYER:

ADDRESS (STREET, CITY, STATE, ZIP CODE):

DWS ACCOUNT NO.:

FED ID NO.:

2. DATE OF TRANSFER:

3. PERCENT OF BUSINESS TRANSFERRED:

4. PERCENT OF BUSINESS RETAINED BY PREDECESSOR:

5. GIVE DATE OF FIRST PAYROLL OF THE SUCCESSOR:

5. IF PREDECESSOR HAS CHANGED OPERATING NAME, ADDRESS OR ACTIVITIES, PLEASE COMPLETE (a), (b), (c), AND (d).

a. NAME:

b. LOCATION OF BUSINESS (STREET, CITY, COUNTY, STATE, ZIP CODE):

c. PRINCIPAL ACTIVITY OF RETAINED BUSINESS:

d. PRINCIPAL PRODUCT:

7. NAME OF SUCCESSOR OR TRANSFEREE EMPLOYER:

ADDRESS (STREET, CITY, STATE, ZIP CODE):

DWS ACCOUNT NO.:

FED ID NO.:

PRINCIPAL ACTIVITY:

PRINCIPAL PRODUCT:

We the predecessor and successor employer, hereby jointly certify that the information provided herein is true and correct to the best of our knowledge and belief. Furthermore, we hereby agree that contributions credited and benefits charged to the account of the predecessor shall be divided between the predecessor and successor by the transfer percentages specified in numbers 3 and 4.

PREDECESSOR OR TRANSFER EMPLOYER

SUCCESSOR OR TRANSFEREE EMPLOYER

Signed:

Signed:

Title:

Title:

Date:

Date:

NOTE: This must be signed by a corporate officer, partner or proprietor of both the predecessor and successor and be filed with the Department of Workforce Services within thirty (30) days after the transfer.