

( Please Type or Print)

**ALL QUESTIONS MUST BE ANSWERED**

( Please Type or Print)

**NOTE:** This request for the establishment of, or adding a member to a Joint Account, if approved, will authorize ADWS to terminate each of the participant's previous account, and establish a successor multiple account. Also, the requirements of A.C.A. 11-10-208, paragraphs 2 through 14 must be strictly adhered to.

PREVIOUS DWS#:		FEDERAL ID:		
EFFECTIVE DATE: >>		OWNERSHIP CODE:		
<b>(1) OWNER'S NAME:</b>				
BUSINESS NAME:				
CONTACT & PHONE #:				
PHYSICAL LOCATION (STREET):				
CITY:		STATE:	ZIP CODE:	
MAILING ADDRESS (STREET):				
CITY:		STATE:	ZIP CODE:	
NATURE OF BUSINESS:				
NEW JOINT ACCOUNT #:				
<b>AGENCY USE ONLY</b>	NAICS	BLS OWN CODE	AUX CODES	COUNTY CODES STATUS BLS

PREVIOUS DWS#:		FEDERAL ID:		
EFFECTIVE DATE: >>		OWNERSHIP CODE:		
<b>(2) OWNER'S NAME:</b>				
BUSINESS NAME:				
CONTACT & PHONE #:				
PHYSICAL LOCATION (STREET):				
CITY:		STATE:	ZIP CODE:	
MAILING ADDRESS (STREET):				
CITY:		STATE:	ZIP CODE:	
NATURE OF BUSINESS:				
NEW JOINT ACCOUNT #:				
<b>AGENCY USE ONLY</b>	NAICS	BLS OWN CODE	AUX CODES	COUNTY CODES STATUS BLS

PREVIOUS DWS#:		FEDERAL ID:		
EFFECTIVE DATE: >>		OWNERSHIP CODE:		
<b>(3) OWNER'S NAME:</b>				
BUSINESS NAME:				
CONTACT & PHONE #:				
PHYSICAL LOCATION (STREET):				
CITY:		STATE:	ZIP CODE:	
MAILING ADDRESS (STREET):				
CITY:		STATE:	ZIP CODE:	
NATURE OF BUSINESS:				
NEW JOINT ACCOUNT #:				
<b>AGENCY USE ONLY</b>	NAICS	BLS OWN CODE	AUX CODES	COUNTY CODES STATUS BLS

PREVIOUS DWS#:		FEDERAL ID:		
EFFECTIVE DATE: >>		OWNERSHIP CODE:		
<b>(4) OWNER'S NAME:</b>				
BUSINESS NAME:				
CONTACT & PHONE #:				
PHYSICAL LOCATION (STREET):				
CITY:		STATE:	ZIP CODE:	
MAILING ADDRESS (STREET):				
CITY:		STATE:	ZIP CODE:	
NATURE OF BUSINESS:				
NEW JOINT ACCOUNT #:				
<b>AGENCY USE ONLY</b>	NAICS	BLS OWN CODE	AUX CODES	COUNTY CODES STATUS BLS

## OWNERSHIP CODES

- |                         |                 |                  |                              |
|-------------------------|-----------------|------------------|------------------------------|
| (1) Corporation / LLC   | (2) Partnership | (3) Individual   | (4) Professional Association |
| (5) Limited Partnership | (6) Estate      | (7) State Agency | (8) Political Subdivision    |
| (9) Trust               |                 |                  |                              |

## PARTNERS OR CORPORATE OFFICERS

<b>1</b>	NAME:	TITLE:	SOCIAL SECURITY NUMBER:
	NAME:	TITLE:	SOCIAL SECURITY NUMBER:
<b>2</b>	NAME:	TITLE:	SOCIAL SECURITY NUMBER:
	NAME:	TITLE:	SOCIAL SECURITY NUMBER:
<b>3</b>	NAME:	TITLE:	SOCIAL SECURITY NUMBER:
	NAME:	TITLE:	SOCIAL SECURITY NUMBER:
<b>4</b>	NAME:	TITLE:	SOCIAL SECURITY NUMBER:
	NAME:	TITLE:	SOCIAL SECURITY NUMBER:

1. The duration of the membership is for a minimum of two (2) calendar years, and applicants must waive all rights they have in their individual account under the law after the approval of their application for Joint experience rating purposes.
2. All contributions, interest and penalties due from the applicants/employer must be paid prior to the effective date of the employer's membership in the Joint Account.
3. Each participant shall agree to assume joint and several liability for any contributions, interest and penalties accruing on the part of any one of the employers participating in the Joint Account.
4. All contributions credits and benefit charges for all employers in a Joint Account will be calculated together, and one rate issued. No reduced rate shall be established until each participating member is individually eligible for a calculated rate.
5. Each employer participating in a Joint Account agrees to maintain sufficient record of his own employment that can be furnished to this department upon request.
6. Request for withdrawal from the Joint Account must be: (1), postmarked not later than September 30th of the year preceding the year of withdrawal; (2), in accordance with DWS Policy Statement #20; and (3), approved by this Agency.

**STATEMENT:** I HAVE READ AND UNDERSTAND THE AFORE-MENTIONED REQUIREMENTS, AND MY SIGNATURE BELOW IS ACKNOWLEDGMENT OF MY AGREEMENT WITH THOSE TERMS.

(1). NAME:

TITLE:

(3). NAME:

TITLE:

**STATEMENT:** I HAVE READ AND UNDERSTAND THE AFORE-MENTIONED REQUIREMENTS, AND MY SIGNATURE BELOW IS ACKNOWLEDGMENT OF MY AGREEMENT WITH THOSE TERMS.

(2). NAME:

TITLE:

(4). NAME:

TITLE: