

**STATE OF NEW JERSEY
DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
DIVISION OF WAGE AND HOUR COMPLIANCE**



Application for a Sheltered Workshop Certificate in accordance with Chapter 113, Laws of New Jersey, 1966.

1.	Name of Organization																																								
2.	Address of location for which Certificate is requested																																								
3.	<p>List department(s) for which Certificate is requested and the rates of pay for each</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left; vertical-align: bottom;">Department</th> <th colspan="3" style="text-align: center; vertical-align: bottom;">Rate of Pay (Indicate specific rates and whether hourly, piece rate, etc.)</th> </tr> <tr> <th style="width: 50%;"></th> <th style="width: 15%; text-align: center;">(Hourly)</th> <th style="width: 15%; text-align: center;">(Piece Rate)</th> <th style="width: 15%; text-align: center;">(Other)</th> </tr> </thead> <tbody> <tr> <td>A. Sheltered Workshop _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>B. Work Activities Center _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>C. Adult Activities Center _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>D. Arts and Crafts _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>E. Work Adjustment Training _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>F. Employment Training _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>G. Evaluation _____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>H. Skills Training Program _____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Department	Rate of Pay (Indicate specific rates and whether hourly, piece rate, etc.)				(Hourly)	(Piece Rate)	(Other)	A. Sheltered Workshop _____				B. Work Activities Center _____				C. Adult Activities Center _____				D. Arts and Crafts _____				E. Work Adjustment Training _____				F. Employment Training _____				G. Evaluation _____				H. Skills Training Program _____			
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4.	<p>Is your organization incorporated as a non-profit agency? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, give state and date of incorporation.</p>																																								
5.	<p>Is your organization a member of a national, regional, or state organization of workshops? Yes <input type="checkbox"/> No <input type="checkbox"/></p>																																								

6.	Do you have an agreement with a state or federal agency for training and/or placement of client? If so, give name and address of such agency or agencies.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Indicate, in general, the nature of disabilities of clients.		
8.	Is a medical report or other satisfactory evidence of disability for each client on file in your workshop?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Describe the basis on which rates of pay to clients are determined.		
10.	Are the rates of pay reviewed periodically? (Please explain method used)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Describe, in general, the extent of the rehabilitation program offered by your organization.		
12.	Have you been granted a Sheltered Workshop Certificate by the U.S. Department of Labor? If so, please attach a copy of the Certificate to this application.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I certify that, to the best of my knowledge and belief, that all the statements in this application are true.

(Date)

(Signature and Title of authorized representative)