

APPLICATION FOR EXEMPTION OR TRANSFER OF LIABILITY

South Dakota Department of Labor and Regulation
 Unemployment Insurance Division
 PO Box 4730, Aberdeen, SD 57402-4730 • Phone 605.626.2312 • Fax 605.626.3347 • www.sdjobs.org

1. Account Number _____

Owner or Corporate Name _____

Business Name or DBA _____

Mailing Address _____

Address City State Zip

(Note: mailing address above will receive all information including debit/credit notices, benefit charges, claim notices and appeals.)

2. I hereby make application for exemption from filing all reports required under the unemployment insurance law of South Dakota. I agree to advise SD Unemployment Insurance Division if I have employment again at any time in the future.

If employment ceased or business was discontinued without a successor, give last date wages were paid _____

or

If business was sold, leased or otherwise transferred, please complete the following:

Effective date of disposition _____ Date you last paid wages in South Dakota _____

Are you retaining any part of the business? Yes ___ No ___

Disposed of the business by:

() Sale () Merger () Receivership () LLP () LLC () Incorporation

() Dissolution () Partnership () Other _____

3. Name of successor _____ Phone _____

Address of successor _____

Address City State Zip

Type of organization: (Check one)

() Individual () Corporation () LLP () LLC () Partnership () Association

() Other _____

4. It is agreed between the Former Owner and the New Owner that: () All () None () Portion of the Employer's Experience Rating Account shall be transferred with assets and liabilities following the account, as provided in Section 61-5-42 SDCL.

5. **This report must be signed by the owner, partner or authorized official.**

Signature _____ Title _____ Phone _____ Date _____

For SD DLR use only:

Approved date _____ By _____

Effective date _____

Termination date _____

Registration