

**APPLICATION FOR
 CERTIFICATION
 AS A SEASONAL EMPLOYER**

DUA USE ONLY Plan Number: _____

Submit this request to:

Massachusetts Division of Unemployment Assistance
19 Staniford Street, 5th Floor
Boston, MA 02114
Fax (617) 727-8221

PART A

1. Name of Employer	2. Employer Account Number
	3. Federal I.D. #
4. Mailing Address	
5. Location of Seasonal Work, if different from address listed on Line 4	
6. Contact Person	7. Telephone Number of Contact Person

8. Is the **entire** business operation to which this application applies seasonal? Yes No

PART B

1. Describe the nature of your business:		
2. The Massachusetts Division of Unemployment Assistance defines a "week" as seven consecutive days beginning on Sunday and ending on Saturday. What will be the number of working days in your standard work week? _____		
3. Please list the dates of your seasonal operation:		
Begin Date	End Date	Number of Weeks
_____	_____	_____
<i>Dates must be specific. For example, July – Sep. 2011 is not specific. July 3, 2011 – Sept. 4, 2011 is specific.</i>		

