New York State Department of Labor
Division of Labor Standards

Certification by non-profitmaking institution, pursuant to § 652.3 of the minimum wage act, for election of the option to pay the statutory minimum wage rate, exclusive of allowances, in lieu of wage order coverage. (Instructions on reverse)

1. Official name of institution Telephone number

2. Address of institution (including street, city or village, county and zip code)

3. Other names by which institution is known, if any

4. The institution named above is a ☐Corporation ☐Unincorporated Association
   ☐Community chest ☐Fund ☐Foundation ☐Other (Explain)

4a. Date organized_____ Date first hired employee(s)_____

5. The institution named above was organized and is operated exclusively for:
   ☐Educational purposes ☐Religious purposes ☐Charitable purposes
   ☐Other purposes (explain)

6. The principal activities of the institution are:

7. Does any part of the net earnings of this institution inure to the benefit of any private shareholder or individual?
   ☐No ☐Yes

8. Certification

State of New York
ss:
County of

I, ……..……., being duly sworn, do certify to the Commissioner of Labor of the State of New York as follows:

That I hold the position of ……..…….in…… (Enter official name of institution) and that I am authorized to make this certification on behalf of said institution.

That the said institution is a non-profitmaking institution and was organized and is operated exclusively for religious, charitable or educational purposes.
That no part of the net earnings of said institution inures to the benefit of any private shareholder or individual.
That the said institution will pay and intends to continue to pay to each of its employees in every occupation a wage, exclusive of allowances, of not less than the hourly minimum rate prescribed and to be prescribed in Article 19 of the Labor Law.
That I have completed the foregoing "Statement of Non-Profitmaking Institution" and that all the information thereon has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

Sworn to before me this _____

day of _____ _____
(Signature)

_____
(Notary Public)

Note

Under § 143.5 and 143.6 of Title 12 of official compilation of codes, rules and regulations, institutions will be required to maintain and make available upon request of the Commissioner of Labor, (a) records of the hours of work and wages of employees, and (b) information regarding the classifications and occupations of individuals permitted to work but not classified as employees under the statute.

Instructions for completing "Statement" and "Certification" on reverse side of document.

Each institution is to complete all items.

1. Name – Enter the official name and telephone number of the church, hospital, school, etc.
2. Address – Enter the complete address at which institution is located.
3. Other names – Enter corporation name or any other name by which institution is known.
4. Nature or organization – Enter a check mark in the appropriate box. If institution is none of the 5 specified types, check "other" and explain.

4a. Date organized – Date that the institution was organized and the date the institution first hired employee(s) to work for it, if any.

5. Purposes - Check ALL applicable boxes, e.g. if both religious and educational, check both. If "other" box is checked, explain other purposes, such as "scientific research," "literary."
6. Principal activities – Describe briefly, but completely, all principal activities carried on by institution.
7. Net earnings – Enter check mark in appropriate box to indicate whether any part of the net earnings of the institution redound to the benefit of a private shareholder or individual.
8. "Certification by Non-Profit making Institution, pursuant to § 652.3 of the Minimum Wage Act, for Election of the option to pay the Statutory Minimum Wage Rate, Exclusive of Allowances, in lieu of Wage Order coverage."

    - Name of person certifying (must be person authorized by institution to make certification).
    - Title of certifying person's position in institution and official name of institution (should be same as item 1 of "Statement").
    - This certification must be signed by the authorized person before a Notary Public or Commissioner of Deeds.
    - The institution should retain a duplicate of the "Statement" and "Certification" for its files.