



Alliance Application

Date of Request ____ / ____ / ____

Your Organization's Information

Company:	_____		
Physical Address:	_____		
City:	_____	State: _____	Zip: _____
Mailing Address:	_____		
City:	_____	State: _____	Zip: _____
Phone:	(____) ____ - ____	Fax:	(____) ____ - ____
# of Employees:	_____	# of Members:	_____

Your Contact Information

Company:	_____		
Physical Address:	_____		
City:	_____	State: _____	Zip: _____
Mailing Address:	_____		
City:	_____	State: _____	Zip: _____
Phone:	(____) ____ - ____	Fax:	(____) ____ - ____
E-Mail Address:	_____		

Your Organization's Structure (Check All That Apply)

<input type="checkbox"/> Contractor	<input type="checkbox"/> Private Sector
<input type="checkbox"/> Insurance Company	<input type="checkbox"/> Public Sector
<input type="checkbox"/> Not for Profit	<input type="checkbox"/> University / College
<input type="checkbox"/> Other: _____	

Brief Overview Of Your Organization

GENERAL INFORMATION

1. Please provide a brief summary of what you hope to gain from an alliance with the N.C. Department of Labor (NCDOL)

2. What benefits will you provide to NCDOL as part of this agreement?

By checking this box, I certify that all the information above is accurate.

Please print and fax this along with the coversheet provided below.



Alliance Application Fax Cover Sheet

To: Marcy Collyer
Fax: 919-807-2876

From: _____
Phone: (_____) _____ - _____
Fax: (_____) _____ - _____
Pages: _____ of _____
Comments: