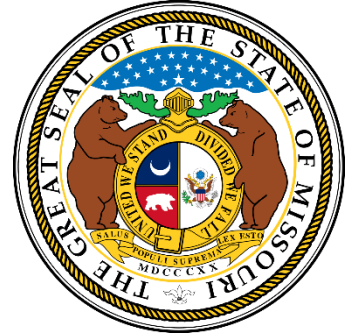


# Professional Employer Organization Limited Registration

Denny Hoskins  
Secretary of State

(Please Print or Type)



New Application

☐

Renewal

☐

## INSTRUCTIONS:

- All sections must be completed; incomplete applications will not be processed.
- See Section 3 for listing of items to accompany the application.
- Each item should be separated with a lettered tab corresponding to the document's item letter in Section 3.
- Payment may be made by check or money order made payable to Missouri Secretary of State or via credit card (which will include a 2% plus \$0.25 convenience fee) by calling (573) 751-4936.
- Questions regarding this application should be directed to [PEO@sos.mo.gov](mailto:PEO@sos.mo.gov) or (573) 751-4936.
- Forward completed application with attachments to:

Attn: PEO Registration  
Missouri Secretary of State  
PO Box 1767  
Jefferson City, MO 65102

- Completed applications along with attachments may also be electronically mailed to: [PEO@sos.mo.gov](mailto:PEO@sos.mo.gov)

### Section 1

Applicant Name _____		Date of Formation/Incorporation & Fiscal Year End _____		Federal Employer Identification Number _____	
DBA Name(s) (Please provide all) _____					
Business Address of Principal Place of Business _____		City _____		State _____	Zip Code _____
Other Currently Licensed Jurisdictions _____					
Phone Number _____		Fax Number _____		Business E-mail _____	
Mailing Address _____		City _____		State _____	Zip Code _____
Contact Person Name _____		Contact Person Phone Number _____		Contact Person E-mail _____	

**Section 2****Certification and Attestation of Applicant**

The undersigned owner, partner, officer or director of the applicant hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments are true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration denial or revocation and may subject me and the applicant to civil or criminal penalties.
2. The applicant grants permission to the Secretary of State to verify any information supplied with any federal, state or local government agency, current or former employer or company.
3. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
4. I certify that the applicant Professional Employer Organization is domiciled outside of Missouri and is registered as a Professional Employer Organization in at least one other state.
5. I certify that the applicant Professional Employer Organization does not maintain an office in the state of Missouri and does not directly solicit clients located or domiciled in Missouri.
6. I certify that the applicant Professional Employer Organization does not have more than fifty covered employees employed or domiciled in Missouri on any given day.
7. I acknowledge that I am familiar with the Professional Employer Organization laws and regulations of Missouri for licensure/registration and agree to comply with the requirements set forth in §285.700 – 285.750, RSMo.
8. I further agree that any agreements entered into by the parties will be aware of the requirements and responsibilities set forth in the jurisdictions of which I am applying.

**Must be signed and dated by an officer, director, or partner of the Professional Employer Organization, or member or manager of a limited liability company who has authority to act on behalf of the Professional Employer Organization:**

\_\_\_\_\_  
**Month      Day      Year**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Typed or Printed Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City                      State   Zip**

**Section 3****Attachments must be separated with a lettered tab corresponding to the attachment's letter**

- |    |  |
|----|--|
| A. | Payment of Filing Fee<br>New Application or Renewal: \$250.00  |
| B. | A list of all other states in which the Applicant Professional Employer Organization is registered.                                    |
| C. | Proof of registration/certification from other states in which the Applicant Professional Employer Organization is currently licensed. |

**The Secretary of State reserves the right to request other documentation necessary to ensure that the applicant meets all qualifications of this application.**