Nevada Dept of Employment, Training & Rehab
Research and Analysis Bureau
500 E. Third Street
Carson City, NV 89713-0021
Phone: 775-684-0499
FAX: (775) 684-0342

Industry Verification Form, BLS 3023-NVS
Form Approved, O.M.B. No. 1220-0032
Expiration Date: 12/31/2017
In cooperation with the U.S. Department of Labor

BLS

Unemployment Insurance Account Number: _____ **in Nevada.**

This report is mandatory under Nevada State Law, NRS 612.220 , and is authorized by law, 29 U.S.C. 2. Your cooperation is needed to make the results of this survey complete, accurate, and timely. Purpose, use and help information are located on the back of this form.

We appreciate your response within **14 days**. Thank you.

1 BUSINESS MAILING ADDRESS Please print.

Business Name: _____

Street Address: _____

City: _____ ST: _____ ZIP: _____

2 PHYSICAL LOCATION ADDRESS of your business location in Nevada. Please print.

Street Address: _____

City: _____ ST: Nevada ZIP: _____

☐ More than one physical location. Please attach a sheet listing each site and include: (1) business name (2) physical location address (3) number of employees (4) county & (5) main business activity. Please don't count client sites or off-site projects lasting less than a year.

☐ Business has employees working in Nevada but no physical location in Nevada. If so, please continue to Item 4.

3 COUNTY: _____

Please provide the County where your business is physically located in Nevada.

4 MAIN BUSINESS ACTIVITY

We need detailed information to assign the correct North American Industry Classification System (NAICS) code to this business. In the space provided below, describe your business activities, goods, products, or services in this State, as though you were telling a prospective employee what you do. Please describe the activities and provide the approximate percentage of sales or revenues resulting from each activity. For more information see instructions and examples for Item 4 on the back of this page. Percentages should total 100%. If you are a third-party agent for the business named in Item 1, such as a payroll service or accountant, please review Item 4 with your client.

Must equal 100%

Please list the main activities and their percentages of sales/revenue here:

_____ _____ %

_____ _____ %

_____ _____ %

_____ _____ %

_____ _____ %

5 CONTACT INFORMATION

Name: _____ Email: _____ Phone: _____

INSTRUCTIONS

You may return this form via **FAX: (775) 684-0342** or by mail:
Nevada Dept of Employment, Training & Rehab
Research and Analysis Bureau
500 E. Third Street
Carson City, NV 89713-0021

Purpose and Use: The purpose of this report is to update information on your products or services. The information will be used to ensure that we assign the correct North American Industry Classification System (NAICS) code to this business location and that our records contain the correct name and address. The information collected on this form by the Bureau of Labor Statistics and the State agencies cooperating in its statistical programs will be used for statistical and Unemployment Insurance program purposes and other purposes in accordance with law.

Time of Completion: Time of completion for the NVS is estimated to vary from 2 to 30 minutes with an average of 5 minutes per form. Time of completion for the NCA is estimated to vary from 5 to 45 minutes with an average of 10 minutes per form. These estimates include time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding these estimates, or any other aspect of this survey, send them to the Bureau of Labor Statistics, Division of Administrative Statistics and Labor Turnover, Room 4840, 2 Massachusetts Avenue N.E., Washington, D.C. 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB number. The OMB control number for this survey is 1220-0032.

Information Above Item 1
The ten-digit Unemployment Insurance (UI) account number assigned to this business, the State or U.S. territory that assigned it (and to which the business reports for UI purposes), and the applicable State and/or federal laws pertaining to completion of this form.

Item 1
The address that receives your business mail.

Item 2
The physical location address is the place where you conduct your business or use as a home base of operations (i.e. sales) within the State listed on the front of this form. This address does not include a Post Office Box. If more than one physical location, then attach a separate sheet of paper with each location's business name, physical location address, county name (or equivalent), main business activities and number of employees at that site. For remote locations, you may include applicable information, such as: GPS coordinates (longitude/latitude), county/township/island/parish, road/highway/ county markers, city, or 911 addresses.

Item 3
Either the county, township, island, independent city or parish of your business' physical location.

Item 4
If there is a main business description for your business on file, it will be printed in Item 4. Please verify the printed description of your main business activities, goods, products, or services in this State. If there is no main business activity printed, or the printed activity does not accurately reflect the main business activity of your company, please describe your main business activities, goods, products, or services in this State, as though you were telling a prospective employee what you do. Please describe the activities in the blank lines of Item 4 and provide the approximate percentage of sales or revenues resulting from each item. See examples below. Percentages should total 100%. If you are a third-party agent for the business named in Item 1, such as a payroll service or accountant, please review Item 4 with your client.

Goods or products: What are they, and what do you do with them? Do you design, manufacture, sell directly to consumers, distribute to wholesalers, install, repair, or do something else with them? What are these goods or products made of?
EXAMPLE 1: *Major appliances: Sell to public 40%; Sell to retailers 30%; Repair 30%*
EXAMPLE 2: *Install fiber optic cable 100%*

Manufacturers: What are your main products? What are your most important materials? What are the main production methods?
EXAMPLE: *Weaving cotton broad woven fabrics 80%; Spinning cotton threads 20%*

Services: Describe in detail the services you provide. To whom do you provide those services? If you offer consulting, brokerage, management, or similar services, what are your major activities?
EXAMPLE 1: *Hair cutting & styling 65%; Manicures 25%; facials 10%*
EXAMPLE 2: *Long distance trucking, less than truckload 100%*
EXAMPLE 3: *Marketing consulting: Planning strategy 60%; Sales forecasting 40%*
EXAMPLE 4: *Cleaning private homes 100%*

Construction or Building Trades: Is the work mostly residential or nonresidential? Single- or multi-family? New or remodeling?
EXAMPLE: *Electrical contractor: Wiring new homes 51%; Electrical refurbishing of office buildings 49%*

Item 5
Contact name, email, and telephone number.