

North Carolina Department of Commerce
 Division of Employment Security
 Post Office Box 26504
 Raleigh, North Carolina 27611

**Application for Partial Transfer of Experience
 Rating Account**

The information requested on this form is to assist in determining whether the experience rating account of the predecessor employer may be partially transferred to the successor employer as provided in Section 96-11.7 of the Employment Security Law of North Carolina.

For Agency Use Only	
<input type="checkbox"/>	Timely (TL01)
<input type="checkbox"/>	Untimely (TL02)
<input type="checkbox"/>	Liable Acquiring Liable (TL03)
Date of Transfer: _____	
Date of Rate: _____	
Rates: C _____	P1 _____ P2 _____
	P3 _____ P4 _____ P5 _____
	FY _____
Approved By: _____	Date: _____

Type or Print in Black Ink

1. Date part of organization, trade, or business was transferred: _____

2. Enter the percent of payroll related to the:
 Portion Transferred: _____% Portion Retained: _____% = 100%

In calculating these percentages use the three fiscal year period which ended on June 30 immediately preceding the date in Item 1. The payroll, benefit charges, and the experience rating account balance shown on form NCUI 104 as of July 31 immediately preceding the transfer; the payroll and tax from such July 31 to the date of transfer; and also any benefit charges which are made based on wages paid prior to such transfer, will be transferred to the successor and the retained portion on the basis of the percentage shown above.

3. During the calendar year or the previous five calendar years the portion being transferred from the predecessor paid at least \$1500 in wages in North Carolina during the calendar quarter or employed at least one North Carolina worker in any part of 20 different calendar weeks during a calendaryear.

4. All taxes, penalties, and interest based on wages paid by the predecessor employer prior to the date of transfer have been paid.

5. The predecessor and successor employers do hereby certify that the information contained in this application is true and accurate and mutually consent to and hereby request the transfer of the aforementioned portion of the predecessor's experience rating account in accordance with Section 96-11.7 of the Employment Security Law of North Carolina.

Note: This application must be signed by the respective employers; by sole proprietor if the employer is/was a proprietorship; by a partner if the employer is/was a partnership; and by a duly elected corporate officer if the employer is/was a corporation. The signatures must be witnessed.

Predecessor Account Number		Retained Portion		Successor Account Number or Federal I.D. Number	
Employer Name				Employer Name	
Signature OF Owner / Partner / Corporate Officer				Signature OF Owner / Partner / Corporate Officer	
Title		Date		Title	
				Date	
Witness				Witness	

Mail this application to the Division of Employment Security at the above address.