



Application for Partial Transfer of Experience

TRANSFeree (SUCCESSOR)

TRANSFEROR (PREDECESSOR)

We, The undersigned employing units, hereby jointly make application to the Director of Employment Security under the provisions of Section 1507B of the Illinois Unemployment Insurance Act for the transfer of that part of the experience rating record of the **TRANSFEROR** which is attributable to the portion of the employing enterprises acquired by the **TRANSFeree**.

We hereby submit the following information in support of our application and as a basis for the Director's transfer of such experience rating record:

1. Date on which **TRANSFeree** acquired a portion of his **PREDECESSOR** _____
2. Name and address of **PREDECESSOR** _____

(Name) (Address)

(Trade Name) (Address)
3. Beginning date of the quarter for which **PREDECESSOR** first had wages subject to contribution under the Illinois Unemployment Insurance Act in the portion acquired by **TRANSFeree** _____
4. In the calendar year during which Predecessor disposed of a portion of his employing enterprises to Transferee, and in each of the four calendar years immediately preceding that year, did **PREDECESSOR** have wages subject to contribution under the Illinois Act in the portion acquired by the **TRANSFeree**?
 YES **NO** If no, indicate each calendar year within that period in which **PREDECESSOR** did NOT have such wages in said portion: _____
5. In the calendar year during which Predecessor disposed of a portion of his employing enterprises to Transferee, and in each of the four calendar years immediately preceding that year, did **PREDECESSOR** have wages subject to contribution under the Illinois Act other than the wages attributable to the portion acquired by **TRANSFeree** and to portions acquired by other Transferees, if any? **YES** **NO** If no, indicate each calendar year within that period in which **PREDECESSOR** did not have such wages:

6. On the date given in item 1, was **TRANSFeree** owned or controlled by the same interests which owned or controlled his **PREDECESSOR** immediately prior to that date? **YES** **NO** If yes, attach sheet giving complete details regarding all elements of such common ownership and control on that date and regarding subsequent changes, if any.

(over)

CERTIFICATION - WAIVER - AGREEMENT

The undersigned **TRANSFEEE** and **TRANSFEROR** herby certify that the portion acquired by **TRANSFEEE** was a distinct severable portion of the employing enterprises of the Predecessor; that the information contained in this Application and in any sheets attached hereto is true and correct to the best of their knowledge and belief; and that they execute these documents for the purpose of transferring from the **TRANSFEROR** to the **TRANSFEEE** that portion of the experience rating record which is attributable to the portion of the employing enterprises acquired by the **TRANSFEEE**.

TRANSFEROR hereby waives his rights to a contribution rate based on the experience rating record attributable to the portion of the employing enterprises acquired by the **TRANSFEEE**.

TRANSFEEE and **TRANSFEROR** hereby agree to furnish to the Department of Employment Security any additional allocation of TAXABLE WAGES AND BENEFIT CHARGES which the Director of Employment Security may require. Both parties hereby agree that such additional allocation, and any allocation made by the Director on the basis of information contained in this Application shall be treated as part of this Application for Partial Transfer of Experience.

TRANSFEEE

TRANSFEROR

Business Name _____

Business Name _____

Signed By _____

Signed By _____

Official Title _____

Official Title _____

Date Signed _____

Date Signed _____

This application must be signed by owner, partner, or officer of each employing unit. If signed by any other person, a power of attorney giving such person individual authority to sign it must be on file..

YOU ARE CAUTIONED THAT ONCE AN APPLICATION FOR PARTIAL TRANSFER IS APPROVED BY THE DIRECTOR OF EMPLOYMENT SECURITY, IT BECOMES FINAL UPON THE PARTIES THERETO AND CANNOT SUBSEQUENTLY BE WITHDRAWN BY THEM.

Please PRINT signatures from above:

X _____

X _____

**Fax number:
312-793-6296**