**OJT Due Diligence Request Form**

*Please submit this information via e-mail to* *OJTDueDiligence@labor.ny.gov**. List your NYSDOL Regional Business Services Associate Representative in the cc line of your submission.*

Local Area/Contact Information Date of request:

Click here to enter LWIA and contact information. Click here to enter date.

Business Name: Business FEIN:

Click here to enter full business name (including DBA). Click here to enter FEIN.

OSOS ID:

Click here to enter OSOS ID.

Business Street Address:

Click here to enter business street address.

Business City, State, Zip:

Click here to enter address.

Business Contact Name:

Click here to enter contact name.

Business Contact Phone Number: Business Contact E-mail:

Click here to enter contact phone number. Click here to enter e-mail address.

 Industry/Type of Business:

Click here to enter description of the industry/type of the business.

Reason for Due Diligence Check:

Local OJT **[ ]**

TAA **[ ]**

Other **[ ]**

Click here to enter the reason for Due Diligence (i.e. OJT/NEG, etc).