

**APPLICATION FOR EXEMPTION OR TRANSFER OF LIABILITY**

**South Dakota Department of Labor and Regulation**  
 Unemployment Insurance Division  
 PO Box 4730, Aberdeen, SD 57402-4730 • Phone 605.626.2312 • Fax 605.626.3347 • www.sdjobs.org

1. Account Number

Owner or Corporate Name

Business Name or DBA

Mailing Address

Address City State Zip  
 (Note: mailing address above will receive all information including debit/credit notices, benefit charges, claim notices and appeals.)

2. I hereby make application for exemption from filing all reports required under the unemployment insurance law of South Dakota. I agree to advise SD Unemployment Insurance Division if I have employment again at any time in the future.

If employment ceased or business was discontinued without a successor, give last date wages were paid  
 or

If business was sold, leased or otherwise transferred, please complete the following:

Effective date of disposition Date you last paid wages in South Dakota

Are you retaining any part of the business? Yes No

Disposed of the business by:

Sale	Merger	Receivership	LLP	LLC	Incorporation
Dissolution	Partnership	Other			

3. Name of successor

Phone

Address of successor

Address City State Zip  
 Type of organization: (Check one)

Individual	Corporation	LLP	LLC	Partnership	Association
Other					

4. It is agreed between the Former Owner and the New Owner that: **All** **None** **Portion** of the Employer's Experience Rating Account shall be transferred with assets and liabilities following the account, as provided in Section 61-5-42 SDCL.

5. **This report must be signed by the owner, partner or authorized official.**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

For SD DLR use only:

Approved date \_\_\_\_\_ By \_\_\_\_\_

Effective date \_\_\_\_\_

Termination date \_\_\_\_\_

Registration