Report of Applicable Business

	Тур	e of busines	SS	Name of business					Location of business (telephone number)					
									${ m T}_{\ell}$	elenhone n	umber (
Number of workers	Category		Over 18 years of age			Over 15 years of age and under 18 years of age			Telephone number (Under 15 years of age			Total		
	gu	Male		()		()		()	()	
	Commuting	Female		()		()		()	()	
		Total		()		()		()	()	
	Boarding	Male		()		()		()	()	
		Female		()		()		()	()	
		Total		()		()		()	()	
	Grand total			()		()		()	()	
Remarks			Date of application: Month Day, Year											
		Month	Day	y Ye	ear									
									Title Employer					
									Employer	Name				

To. Chief of Labour Standards Inspection Office

Guidelines for filling out the form

- 1. When employing workers who work belowground, enter the number thereof in parentheses in the column for the number of workers.
- 2. In the column for remarks, enter the date of application.