

APPLICATION FOR UNIFORM DEPOSIT WAIVER In accordance with M.G.L. c. 23, §1 and 454 CMR 27.05(4)(b)

Please complete the following. Attach **additional sheets** if necessary. All fields must be completed.

1. APPLICANT INFORMATION

Company Name

Telephone Number

Fax Number

Website Address

Business Location

City/Town

State

Zip Code

Mailing Address (if different from above)

City/Town

State

Zip Code

2. DEMONSTRATION OF NEED FOR A UNIFORM DEPOSIT WAIVER

Please describe the company's need for a Uniform Deposit Waiver.

3. DESCRIPTION OF THE UNIFORM

Do the articles of clothing that comprise the uniform fall within the following definition of a uniform, as contained in the Massachusetts Minimum Wage Regulations, 454 CMR 27.02:

All special apparel, including footwear, which is worn by an employee as a condition of employment. It shall be presumed that a uniform worn by an employee of any establishment is worn as a condition of employment if the uniform is of similar design, color, or material, or it forms part of the decorative pattern of the establishment to distinguish a person as an employee of the place of work.

Yes No

Were the articles of clothing that comprise the uniform purchased by the employer? If not, please explain.

Yes No

Please provide a full description of each article of clothing that comprises the uniform:
