



Illinois Department of Labor  
Conciliation and Mediation Division  
160 N. LaSalle St., Suite #C-1200  
Chicago, Illinois 60605  
312-793-6797

# EQUAL PAY REGISTRATION CERTIFICATE (EPRC) EXEMPTION/ BUSINESS NAME CHANGE FORM

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Business Name in the Communication Received from IDOL: (If different from the legal business name)

Legal Business Name:

Business Address: (If your business has multiple addresses, use the address where your business received correspondence)

Email Contact for the Business:

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Name of the Person Authorized to Receive Correspondence on Behalf of the Business:

Position:

Address:

Email:

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**This business certifies that it has 99 or fewer employees.**

The total number of employees is the total number of people employed by the business who physically worked in Illinois PLUS the employees who worked outside of Illinois but reported to management in Illinois on December 31 of the calendar year immediately preceding to the year of your reporting deadline. *For example: If you are required to submit an EPRC application in 2022, your wage data should be based on the total number of people you employed on December 31, 2021.* Business includes an individual, partnership, corporation, LLC, association, business, trust, person, or entity for whom employees are gainfully

**This business is not required to file an Annual Employer Information Report EEO-1 with the Equal Employment Opportunity Commission.**

**This is a state of Illinois Government agency.**

Government Agency includes the State of Illinois, any state officer, department, or agency, any unit of local government, and any public school district

**This is a Federal Agency.**

**The business name used by the IDOL for contact is not the legal business name AND the business has already registered under the legal business name.**

**Other: Please explain.** (Use additional sheets if necessary)

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I,

certifies that the above is true and correct.

Date:

Signature: