Department of
WORKFORCESERVICES

INSTRUCTIONS FOR COMPLETION OF JOINT ACCOUNT APPLICATION (DWS-ARK-201J)

ONE OF FOUR (4) FORMS ON THE APPLICATION

PREVIOUS DWS#: 1	FEDERAL ID: 2
EFFECTIVE DATE: ➤➤ 3	OWNERSHIP CODE: 4
(1) OWNER'S NAME: 5	
BUSINESS NAME: 6	
CONTACT & PHONE #: 7	
PHYSICAL LOCATION (STREET): 8	
CITY: 9	STATE: ZIP CODE:
MAILING ADDRESS (STREET): 10	
CITY: 11	STATE: ZIP CODE:
NATURE OF BUSINESS: 12	
NEW JOINT ACCOUNT #:	

AGENCY USE ONLY	NAICS	BLS OWN CODE	AUX CODES	COUNTY CODES STATUS	BLS

Each application contains four (4) separate forms. The forms are numbered 1 through 4, and each participating member should use one form for each of his or her businesses.

IMPORTANT: If there are more than four (4) participating members or businesses involved, you must use additional applications as needed.

(1) Your previous DWS number (Example: 000123456).

(2) Your Federal Identification Number.

(3) Date you desire to establish your Joint Account Number.

(4) See codes listed at the top on the reverse side of the application (DWS-ARK-201J).

(5) Individual Owner and Social Security Number, or Corporate Name.

(6) Self Explanatory.

(7) Name and Phone Number of any person that can furnish this Agency with information concerning this account.

(8) Must be a "street or route" address, but **"NO POST OFFICE BOX"**.

(9) Self Explanatory..

(10) The address where you want this agency to send all correspondences concerning this account.

(11) Self Explanatory.

(12) The type of business your organization operates (Example: Computer consultant).

NOTE: You must list all Partners or Corporate Officers on the reverse side of the application. Please ensure you place this information on the line that corresponds with the form number containing your information on the front.