



**APPLICATION FOR "EMPLOYMENT EXPERIENCE" OF PREDECESSOR  
IN CONNECTION WITH  
DETERMINATION OF ASSESSMENT RATE OF SUCCESSOR**

1. Predecessor Employer's Name.....  
 "Trading As" or "Doing Business As" Name .....  
 Address.....  
 Telephone Number and Contact Person .....  
 DE UI Account Number . . . . . Federal EIN.....
  
2. Successor Employer's Name.....  
 "Trading As" or "Doing Business As" Name .....  
 Address.....  
 Telephone Number and Contact Person .....  
 DE UI Account Number . . . . . Federal EIN.....
  
3. (a) Was there a reorganization of the predecessor, i.e., a change from one form of organization to another?  
 Yes       No  
 (b) If yes, has ownership and management remained substantially the same?  Yes  No  
 If yes, sign this form on the reverse side and return it to the Department along with an explanation of the reorganization.  
 Do not complete the remaining questions.  
 (c) If no, complete the remaining questions.
  
4. On what date did the successor acquire the predecessor business?    Date
  
5. What method did the successor use to acquire the predecessor business?     Sale       Lease       Consolidation  
 Assignment     Foreclosure     Bankruptcy     Other (Attach Explanation)
  
6. Did the successor acquire ALL or PART of the predecessor organization, trade, or business that operated in Delaware and  
 had covered employment?       All     Part
  
7. (a) Which of the following assets were acquired? Check all that apply.  

Accounts Receivable	<input type="checkbox"/>	Other Real Property or Leases	<input type="checkbox"/>
Furniture or Fixtures	<input type="checkbox"/>	Machinery or Equipment	<input type="checkbox"/>
Building(s)	<input type="checkbox"/>	Other (Attach Explanation)	<input type="checkbox"/>

 (b) Describe in general terms the assets acquired.....  
 .....
  
8. (a) Approximate total value of the assets acquired?                    \$.....  
 (b) Approximate total value of the assets of the predecessor?        \$.....  
 (c) Percentage of total assets acquired? (divide "6a" by "6b" and multiply by 100) .....%
  
9. (a) What was the principle activity of the predecessor?.....  
 (b) What was the principal product or service of the predecessor?.....
  
10. Provide the information that applies to the business activity of the predecessor.  
 Covered employment was permanently discontinued.       Date.....  
 Operations were permanently discontinued.               Date .....
  
11. Has the predecessor filed all quarterly reports and paid all assessments, interest, and penalties due for the period prior to  
 your acquisition?  
 Yes       No **(If this transfer is approved, the successor employer becomes liable for any delinquency of  
 the predecessor. In addition, the delinquency of the predecessor may adversely affect the  
 successor employer's merit rate in a subsequent rate year.)**

(Complete Reverse Side)

12. Will the payroll records of the predecessor employer remain available to the successor employer to the extent necessary for the successor to respond to requests from the Department for information as to the date and reason for a claimant's separation from the predecessor employer during the 18 months preceding the date of this application?  
 Yes       **No (If this transfer is approved and separation information is not provided upon request, the predecessor's merit rating account may be charged. Charges to the predecessor's merit rating account made subsequent to the transfer of experience may adversely affect the successor employer's merit rate in a subsequent rate year.)**
13. Will the successor employer continue to employ those employed by the predecessor employer at the time of the transfer?  
 Yes       **No (If this transfer is approved and some or all of the employees of the predecessor are not retained, the predecessor's merit rating account may be charged. Charges to the predecessor's merit rating account made subsequent to the transfer of experience may adversely affect the successor employer's merit rate in a subsequent rate year.)**
14. Is the successor employer aware that charges to the predecessor employer's merit rate account that were not used to calculate the transferred assessment rate, may be used to calculate the successor employer's merit rate for calendar years subsequent to the transfer of experience?  
 Yes       **No (If this transfer is approved, the Department will include the applicable taxable wages, benefit charges, and rehire credits of the predecessor employer when calculating the successor employer's merit rate for tax years subsequent to the transfer of experience.)**

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**“UPON A TRANSFER OF EXPERIENCE, THE PREDECESSOR EMPLOYER WILL THEREAFTER, FOR ALL PURPOSES, LOSE THE BENEFIT OF HIS EXPERIENCE.” REGULATION 25, PARAGRAPH 6.**

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Application is hereby jointly made by the predecessor and the successor for the Employment Experience of the predecessor with respect to the business transferred.

I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief. I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief, and all quarterly reports have been filed and all assessments, interest and penalties owing by me have been paid.

Signatures of:

Successor . . . . . Predecessor .....  
 Name of Firm . . . . . Name of Firm .....  
 Date . . . . . Date

**Transfer of Employer Experience will not be made unless application is signed by the proprietor, partner, or officer of both the predecessor and successor unless the successor employer's right thereto is clearly established by competent evidence. If predecessor employer has not signed this application, attach an explanation of efforts made to secure signature and any reasons given by the predecessor for not signing.**

**DO NOT WRITE BELOW THIS LINE**

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REPORTS FILED THROUGH .....	INITIALS
ASSESSMENTS PAID THROUGH .....	
JUDGMENTS AND SPECIAL ASSESSMENTS CHECKED .....	

**TRANSFER OF EXPERIENCE**

- APPROVED  
 DISAPPROVED

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_