



DEPARTMENT OF LABOR AND HUMAN RESOURCES  
LABOR STANDARDS BUREAU

CERTIFICATION OF APPLICATION OF LAW 207 OF SEPTEMBER 27, 2006

Employer's Information	
1. Employer's Name, (first name, initial, last name)	
2. Business Name (if different from above)	
3. Mailing Address	4. Physical Address
5. Phone ( )	6. Fax ( )
7. Type of Business:	8. Main Activity:
9. Number of employees:	10. Name (Manager, Administrator, Owner or Human Resources Director):
11. In agreement to Law 207 of September 27, 2006 and its Regulation, I submit: <input type="checkbox"/> Certification of application of Law 207, stated above <input type="checkbox"/> Work Plan	
Certification of application of Law 207 of September 27, 2006	
We have taken steps to comply with the requirements established by Law 207 and its Regulation by: <ol style="list-style-type: none"><li>1. Eliminating the Social Security Number on the ID cards of the employees.</li><li>2. Not showing or displaying the Social Security number of the employees in any visible public place or documents of general circulation.</li><li>3. Not including the Social Security Number of the employees in personnel directories nor similar lists available to persons with no need or authorization to access that information.</li><li>4. Avoiding that the Social Security Number be revealed by the patron to other entities, except under circumstances allowed by Law and its Regulation.</li><li>5. The Social Security Number can be transmitted on digital or electronic documents only if there is a mechanism that guarantees the confidentiality of the information transmitted.</li><li>6. We have included a disposition in all of our documents or applications where the Social Security Number is compiled by this patron, indicating that such requirement is voluntary or mandatory.</li><li>7. We also make a commitment to destroy in a secure way all paper or electronic documents that may have Social Security Numbers.</li></ol> <input type="checkbox"/> I certify that we comply and will continue complying with all the requirements mentioned above.  <input type="checkbox"/> We have not been able to comply with the following requirements, #_____. #_____, #_____. We pretend to establish a work plan for the period of _____ (All employers that presents a work plan will have a period not longer than one year from the approval and term of the Regulation of Law 207, stated above, to fully comply with the requirements of the plan presented.	

To this effects we will take the followings steps (If necessary use additional paper to show your work plan ):

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AT THE CONCLUSION OF THE PERIOD REQUESTED TO CARY OUT THE WORK PLAN, THE EMPLOYERS SHOULD PRESENT THE PROPER CERTIFICATION.

**OATH BEFORE A NOTARY OR AN OFFICIAL OF THE LABOR NORMS BUREAU**

I declare under oath that the abovementioned is true and certain to me by personal knowledge or to my best knowledge and believe. I also pledge to notify the Labor Norms Bureau about any changes in the information provided in this certification, within 30 days after the change or event.

Employer's Name:	Employer's Signature:	Date:
Name and Title of Authorized Representative:	Signature:	Date:

**Affidavit**

Affidavit \_\_\_\_\_

Pledge and subscribed before me by \_\_\_\_\_, of legal age, resident of \_\_\_\_\_ Puerto Rico, whom I declare to know personally or identify according to the authorized means by the Notary Law of Puerto Rico.

In \_\_\_\_\_, Puerto Rico today \_\_\_\_\_.

Signature of the authorized Official : \_\_\_\_\_

\_\_\_\_\_  
Signature and Stamp of the Notary

\_\_\_\_\_  
Name and Position of the Labor Standards Bureau Official