



PAUL D. PATE
Secretary of State
State of Iowa

**IOWA CODE SECTION 29C.24
 DISASTER RESPONSE
 NOTIFICATION AND INSURANCE
 VERIFICATION**

Pursuant to Iowa Code section 29C.24, subsection 5, the undersigned submits this notification of an out-of-state business entity's entry to the state to perform disaster or emergency-related work during a disaster response period.

1. The full legal name of the business entity is: _____

2. The state of domicile of the business entity is: _____

3. The principal business address of the entity is:

 Street Address City State Zip

4. The federal employer identification number (FEIN) of the entity is: _____

5. Date the entity entered the state: _____

6. Phone number and email address for the entity:

Phone: _____ Email: _____

7. The out-of-state business is in the state for the purpose of responding to a declared state disaster or emergency.

Signature of authorized representative: _____ Date: _____

PRINT Name and Title: _____
 Name Title

8. Submit with this form:
- a. the entity's current certificate of worker compensation insurance; and
 - b. the entity's current certificate of liability insurance.

If this form is incomplete or is submitted without either of the two required certificates, it will be returned unfiled.

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