



ELECTRONIC FORMS SYSTEM (EFS)

**Guide to
Using EFS Preparing
Form LM-4**



ELECTRONIC FORMS SYSTEM (EFS) LM-4

EFS is a web-based system for completing and filing Form LM-4 Labor Organization Annual Report.

This tutorial demonstrates basic features and functionality of the EFS LM-4 form. It does not contain instructions for what information should be provided on your report.

You can download a complete set of LM-4 Instructions from the [OLMS website](https://www.dol.gov/olms/).

System Requirements and Settings



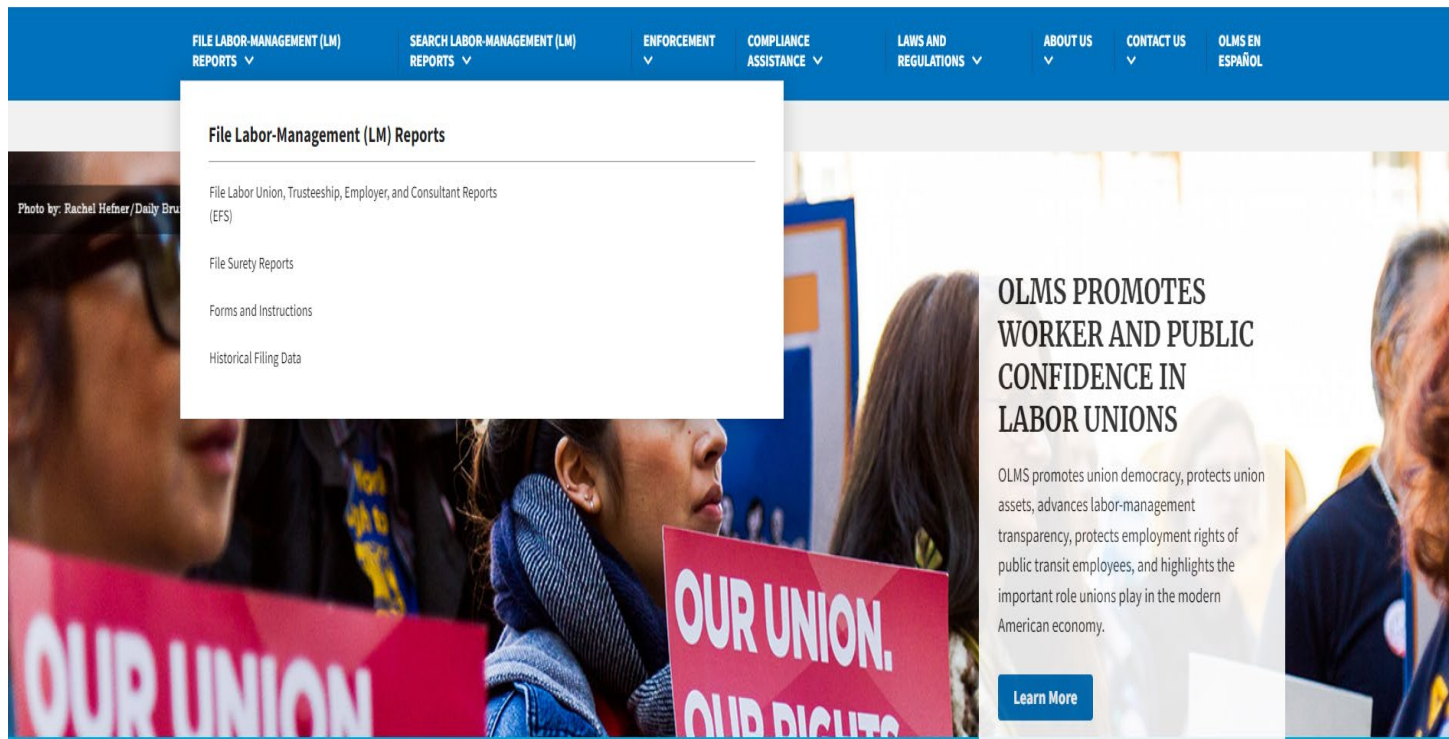
To access and use the EFS, OLMS recommends you use one of the following browsers:

- Microsoft Edge
- Google Chrome –Version 7.0 or higher



Accessing the System

Navigate to the [OLMS Website](#) and select FILE LABOR-MANAGEMENT REPORTS, then from the drop-down menu, select **the “File Labor Union, Trusteeship, Employer, and Consultant Reports (EFS)” link.**





Access the OLMS EFS

From the EFS Introduction page, select on the “Access the OLMS EFS” link.



OLMS Electronic Forms System

Notice: [Advisory on Union Officer Elections and Public Disclosure Reporting in Areas Affected by COVID-19 and Natural Disasters](#)

EFS Resources

- [Register for an EFS User ID and Password](#)
- [Obtain a Union PIN](#)
- [Edit your EFS Account Information](#)
- [Forgot your password?](#)
- [Forgot your User ID?](#)

The Electronic Forms System (EFS) is the Office of Labor-Management Standards' (OLMS) web-based system that enables labor organizations, their officials, employers, and labor relations consultants to complete and submit LM reports to OLMS. Currently, EFS is available for use by Forms LM-1, LM-2, LM-3, LM-4, LM-10, LM-20, LM-21 and LM-30 filers.

[Access the OLMS EFS](#) to register for an EFS User ID and password, obtain a union PIN, as well as edit your account information or retrieve your existing password or User ID. By accessing the OLMS EFS, you can also obtain, work on, or sign and submit an LM form. For more information on registering with EFS, see the [Registration Help page](#).

EFS allows anyone with a web-enabled computer to complete, sign, and electronically file an LM-1, LM-2, LM-3, LM-4, LM-10, LM-20, LM-21 and LM-30 without purchasing a digital signature or downloading special software. EFS performs all calculations for the LM report and completes a form error check prior to submission to OLMS. EFS also allows unions that maintain electronic accounting records to import financial data from their accounting programs directly into the Form LM-2 or LM-3 they are completing.

Accessing the System - Register



- To access the Form LM-4 in EFS, you must first register with EFS and obtain a user ID and password.
- If you already have an EFS user ID and password, you do not need to register again.

Office of Labor-Management Standards - OLMS

OLMS HOME | OLMS Reports ▾ | User Guides/FAQs ▾ | EFS Helpdesk: 1-877-401-1109 | TTY: 711 Telecommunications Relay Services(TRS) | Email: OLMS_Public@dol.gov

[DOL Home](#) > [OLMS](#) > [EFS](#)

**Welcome to the Office of Labor-Management Standards
Electronic Forms System (EFS)**

Existing and New User Account Management	LM-1, LM-2, LM-3, LM-4 and Simplified Report	LM-10, LM-20, LM-21 and LM-30
<p>Register for an EFS User ID and Password</p> <p>Edit your account information</p> <hr/> <p>To reset your password, you must have the user ID and email address you provided when registering with the EFS system.</p> <p>Forgot your password?</p> <hr/> <p>To retrieve your user ID, you must have the email address, First Name, and Last Name you provided when registering with the EFS System.</p> <p>Forgot your User ID?</p>	<p>User ID: <input type="text"/></p> <p>User Password: <input type="password"/></p> <p>*File No/Registration ID <input type="text"/> - <input type="text"/></p> <p>Union PIN <input type="text"/></p> <p><input type="button" value="Sign In"/></p> <hr/> <p>To get a new PIN, you must have your User ID, password, and organization's file number. You can only reset the PIN if it is expired. If you forgot the PIN, please contact EFS Helpdesk.</p> <p>Request a new PIN</p> <hr/> <p>Use this link to obtain an organizational Registration ID and PIN in order to file an initial LM-1.</p> <p>Obtain an Initial LM-1 Registration ID and PIN</p> <p>Do not use this link if you have already registered with OLMS and have an existing</p>	<p>User ID: <input type="text"/></p> <p>User Password: <input type="password"/></p> <p><input type="button" value="Sign In"/></p>



Accessing the System – Log In

Log into EFS using your user ID and password and the filing union's six-digit file number and unique union PIN.

Office of Labor-Management Standards - OLMS

OLMS HOME OLMS Reports ▾ User Guides/FAQs ▾ EFS Helpdesk: 1-877-401-1109 | TTY: 711 Telecommunications Relay Services(TRS) Email: OLMS_Public@dol.gov

[DOL Home](#) > [OLMS](#) > [EFS](#)

**Welcome to the Office of Labor-Management Standards
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<p>Register for an EFS User ID and Password</p> <p>Edit your account information</p> <hr/> <p>To reset your password, you must have the user ID and email address you provided when registering with the EFS system.</p> <p>Forgot your password?</p> <hr/> <p>To retrieve your user ID, you must have the email address, First Name, and Last Name you provided when registering with the EFS System.</p> <p>Forgot your User ID?</p>	<p>User ID: <input type="text"/></p> <p>User Password: <input type="password"/></p> <p>*File No/Registration ID <input type="text"/> - <input type="text"/></p> <p>Union PIN <input type="text"/></p> <p><input type="button" value="Sign In"/></p> <hr/> <p>To get a new PIN, you must have your User ID, password, and organization's file number. You can only reset the PIN if it is expired. If you forgot the PIN, please contact EFS Helpdesk.</p> <p>Request a new PIN</p> <hr/> <p>Use this link to obtain an organizational Registration ID and PIN in order to file an initial LM-1.</p> <p>Obtain an Initial LM-1 Registration ID and PIN</p> <p>Do not use this link if you have already registered with OLMS and have an existing</p>	<p>User ID: <input type="text"/></p> <p>User Password: <input type="password"/></p> <p><input type="button" value="Sign In"/></p> <hr/>

Accessing the System – Start a New Form



Select one of the options displayed on the screen.

(Please note that the only forms that you can amend in EFS are ones that were filed using EFS.)

What would you like to do?

- Continue to work on forms in progress
- Start a new form
- Amend an already submitted form
- Upload a copy of the constitution and bylaws

Select LM-4
from the
dropdown

New Form

The Electronic Forms System customizes the LM report with your Union's information.

Fiscal Year Selected

Form Selected

Period Covered

From

Through

Note: You must change the "period covered" dates before obtaining the form!



LM-4 Page 1

The EFS form looks similar to the old Adobe form. Your union information is pre-filled.

ystem

Save Add Attachments Validate Help Print Submit

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210	FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 IN TOTAL ANNUAL RECEIPTS	Form Approved Office of Management and Budget No. 1245-0003 Expires: 09/30/2021
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This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only E	1. FILE NUMBER 546-577	2. PERIOD COVERED MO DAY YEAR From 01/01/2022 Through 12/31/2022	3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here: <input type="checkbox"/>
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4. AFFILIATION OR ORGANIZATION NAME ABC UNION	8. MAILING ADDRESS (Type in capital letters) First Name JENNIFER Last Name TAYLOR P.O. Box - Building and Room Number (if any) Number and Street 123 ANYWAY STREET City ANYWHERE State MD ZIP Code + 4 12345
5. DESIGNATION (Local, Lodge, etc.)	6. DESIGNATION NUMBER
7. UNIT NAME (if any)	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

20. SIGNED: _____ (If other title, see instructions)	PRESIDENT	21. SIGNED: _____ (If other title, see instructions)	TREASURER
Date: _____ Telephone Number: _____		Date: _____ Telephone Number: _____	



Navigation

You can easily move through the form by using the navigation links to the left to go directly to a page or by scrolling through pages using the arrows at the top.

Electronic Forms System

PAGE 1
PAGE 2
ADDNL INFO
VALIDATION SUMMARY

Save Add Attachments Validate Help Print Submit

U.S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-4 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1245-0003
Expires: 09/30/2021

FOR USE ONLY BY LABOR ORGANIZATIONS WITH LESS THAN \$10,000 IN TOTAL ANNUAL RECEIPTS

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4. AFFILIATION OR ORGANIZATION NAME ABC UNION		8. MAILING ADDRESS (Type in capital letters) First Name JENNIFER Last Name TAYLOR P.O. Box - Building and Room Number (if any) Number and Street 123 ANYWAY STREET City ANYWHERE State MD ZIP Code + 4 12345	
5. DESIGNATION (Local, Lodge, etc.)		6. DESIGNATION NUMBER	
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Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

20. SIGNED: _____ PRESIDENT 21. SIGNED: _____ TREASURER
(If other title, see instructions) (If other title, see instructions)

Date: _____ Telephone Number: _____ Date: _____ Telephone Number: _____

AI - Additional Information has been provided. Click "AI" to view or edit the text.



Getting Help Within the Form

The form has several built-in help functions.

Mouse-over text that displays information on what to report or how to enter data into a field is available on many items.

13. How many members did your organization have at the end of the reporting period?

Enter the number of members in the labor organization at the end of the reporting period. Include all categories of members who pay dues. Do not include nonmember employees who make payments in lieu of dues as a condition of employment under a union security provision in a collective bargaining agreement.

18. Enter the total payments to officers and employees during the reporting period (gross salaries, lost time payments, allowances, expenses, etc.)

Enter the total amount of all payments to officers and employees made by the labor organization during the reporting period. The amount should include, for example, gross salaries (before tax withholdings and other payroll deductions); lost time pay; monthly, weekly, or daily allowances; and disbursements for conducting official business of the labor organization as well as disbursements which were essentially for the personal benefit of the officer or employee.

Please be sure to:

- Enter your union's 6-digit identification number.
- Report a time period of 12 months.
- Have your union's president and a cashier sign and stamp the form.



Getting Help Within the Form – Help Link

Click the Help link at the top of each page to open the form instructions for the current page in a new window.

Save Add Attachments Validate **Help** Print

COMPLETE ITEMS 9 THROUGH 18 FILE NUMBER:546-577

Enter Amounts in Dollars Only - Do Not Enter Cents

<p>9. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? (If the constitution and bylaws have changed, attach two new dated copies. If practices/ procedures have changed, see instructions.)</p> <p>Yes <input type="radio"/> No <input type="radio"/></p>	<p>14. Enter the total value of your organization's assets at the end of the reporting period (cash, bank accounts, equipment, etc.).</p> <input type="text"/>
<p>10. Did your organization change its rates of dues and fees during the reporting period? (If "Yes," report the new rates in Item 19 on page 1.)</p> <p>Yes <input type="radio"/> No <input type="radio"/></p>	<p>15. Enter the total liabilities (debts) of your organization at the end of the reporting period (unpaid bills, loans owed, etc.).</p> <input type="text"/>
<p>11. Did your organization discover any loss or shortage of funds or property during the reporting period? (If "Yes," provide details in Item 19. Answer "Yes" even if there has been repayment or recovery.)</p> <p>Yes <input type="radio"/> No <input type="radio"/></p>	<p>16. Enter the total receipts of your organization during the reporting period (dues, fees, interest received, etc.). (If \$10,000 or more, your organization must file Form LM-2 or LM-3 instead of this form.)</p> <input type="text"/>
<p>12. Was your organization insured by a fidelity bond during the reporting period?</p> <p>Yes <input type="radio"/> No <input type="radio"/></p> <p>If "Yes," enter the maximum amount recoverable under the bond for loss caused by any person.</p> <input type="text"/>	<p>17. Enter the total disbursements made by your organization during the reporting period (per capita tax, loans made, net payment to officers, payments for office supplies, etc.).</p> <input type="text"/>
<p>13. How many members did your organization have at the end of the reporting period?</p> <input type="text"/>	<p>18. Enter the total payments to officers and employees during the reporting period (gross salaries, lost time payments, allowances, expenses, etc.).</p> <input type="text"/>

Please be sure to:

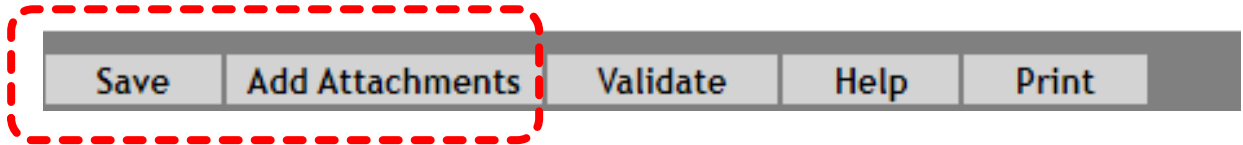
- Enter your union's 6-digit file number in Item 1.
- Report a time period of no more than one year in Item 2.
- Have your union's president and treasurer sign the Form LM-4 in Items 20 and 21.
- **FILE ON TIME.** Form LM-4 must be filed within 90 days after the end of your union's fiscal year.

If the answer to questions 9, 10, or 11 is "Yes," provide details in Item 19 (Additional Information) as explained in the instructions for each item.



Menu Items

The menu across the top of the form contains the following items:



1. **Save** – Select this item to save the current page. It is important to click Save at regular intervals when entering data in the form. If you do not save, you will be prompted to do so when you navigate away from a page.
2. **Add Attachments** – Select this item to open the Add Attachments page where supplemental information (like a constitution and bylaws or audit report) can be uploaded. The uploaded data can then be submitted with the form.



Menu Items (cont'd)

The menu across the top of the form contains the following items:



- 3. Validate** – Select this item to run the form validation routine, which checks the form for missing data. Each page has its own set of validations, and you will be prompted to fix these items before leaving the page if you wish. All validations must be satisfied before the form can be signed and submitted.
- 4. Help** – Select this item to take you to page-specific instructions for completing the form. You can navigate through the instructions page by page, or download/print a copy from our website at: <https://www.dol.gov/agencies/olms/reports/forms/lm-1-lm-2-lm-3-lm-4>
- 5. Print** – Select this item to open a facsimile of the electronically completed LM-4. You can save a copy of this report to your computer and share it with others who may need to prepare or review the document. You may save a copy of the final signed report prior to submission.



Additional Information

- Throughout the form, the system will prompt you to enter additional information. You have the option to enter the information later, and the Additional Information prompt will remain red to remind you to enter additional information before submitting your report.
- To enter the additional information, double-click on the **AI** icon and enter the additional information. The prompt will turn green, indicating that additional information has been entered.
- The Additional Information Summary can be found in the left navigation pane.

10. During the reporting period did the labor organization create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?

Yes **AI**
No

← Additional Information entered

11. During the reporting period did the labor organization have a political action committee (PAC) fund?

Yes
No ***AI**

← Additional Information needs to be entered

The screenshot shows the 'Electronic Forms System' interface. On the left is a navigation pane with the following items: PAGE 1, PAGE 2, ITEM 24, STMT A & B, ADDNL INFO (highlighted in grey), and VALIDATION SUMMARY. The main content area has a top bar with buttons for 'Save & Calculate', 'Import', 'Add Attachments', 'General Information', and 'Print'. Below this is a section titled '56. ADDITIONAL INFORMATION SUMMARY' with several empty lines for text entry.



Additional Information Summary

Select the “ADDNL INFO” link in the left navigation pane to display the Additional Information Summary page.

To enter any other additional information required by the form instructions, click the General Information link.

Electronic Forms System

PAGE 1
PAGE 2
ADDNL INFO
VALIDATION SUMMARY

Save Add Attachments General Information Help Print

19. ADDITIONAL INFORMATION SUMMARY FILE NUMBER:546-577



Attaching Supplemental Data

As with the previous forms system, EFS allows you to attach data, such as constitutions and bylaws, that may be required to be submitted with the report.

To begin the process of adding an attachment, click the Add Attachments link on the top menu bar.

[Add Attachments](#)

Note: While the system does not prevent them from being uploaded, certain file formats cannot be read by our system. The following file formats **can** be read:

- Adobe PDF
- Microsoft Word
- Microsoft Excel
- Rich Text Format
- HTML
- Standard Picture formats JPEG, BMP, GIF
- Text files



Attaching Supplemental Data – Reviewing

The screenshot shows a web interface for managing attachments. At the top, there are buttons for 'Save', 'Add Attachments', 'Validate', and 'Print'. Below these is the 'ATTACHMENTS' section, which includes a dropdown menu for 'Select Type of Attachment', a 'Choose File' button, a 'No file chosen' status, and an 'Attach File' button. The main area is a table titled 'Attached Files' with columns for 'Attachment' and 'Type'. The first row contains a checked checkbox, the text 'Bylaws and Other Attachments', and an 'Open' link. A dotted line connects the checkbox to the 'Open' link, illustrating the workflow for reviewing an attachment.

Attachment	Type
<input checked="" type="checkbox"/> Bylaws and Other Attachments	Open

Select the type of attachment you want to upload. Reviewers can view attachments by selecting the check box to the left of the attachment name and clicking the open link.



Validation – Page Level

There are two types of validations built into the form to help ensure that the correct data is being entered into the form: Page Level Validations and Form Level Validations.

Page Level Validations occur before you navigate away from a page. A pop up message will alert you of items that must be corrected before the form can be signed and submitted.

The screenshot displays the 'Electronic Forms System' interface. A central pop-up window from 'olmstest.dol.gov' contains the following text: '(Click "OK" to correct them now or click "Cancel" to correct them later.) Page1:Item 2 Period Covered To Date - The date entered on Page 1, Item 2 Period Covered To is a future date. You cannot file a form with a date in the Period Covered To field that is greater than today. To clear this validation, please validate your form again before filing after your fiscal year ends. Please contact our help desk at 1-877-401-1109 if the date entered is an error.' The background form is 'FORM LM-4 LABOR' for the U.S. Department of Labor. It includes fields for '1. FILE NUMBER' (546-577), '4. AFFILIATION OR ORGANIZATION NAME' (ABC UNION), and '8. MAILING ADDRESS' (First Name: JENNIFER, Last Name: TAYLOR). The form also shows a 'Submit' button and a 'Log out' link.

If you click **OK** you can correct the item before leaving the page.

If you click **Cancel**, you can correct the item later. You will be prompted to make the correction during form validation.



Validation – Form Level

Form Level Validations occur as a final check before the form can be submitted. You must click the Validate link on the top menu bar.

PAGE 1
PAGE 2
ADDNL INFO
VALIDATION SUMMARY

Save Add Attachments Print

FILE NUMBER:546-577

VALIDATION SUMMARY PAGE

1. Page1:Item 2 Period Covered To Date - The date entered on Page 1, Item 2 Period Covered To is a future date. You cannot file a form with a date in the Period Covered To field that is greater than today. To clear this validation, please validate your form again before filing after your fiscal year ends. Please contact our help desk at 1-877-401-1109 if the date entered is an error.

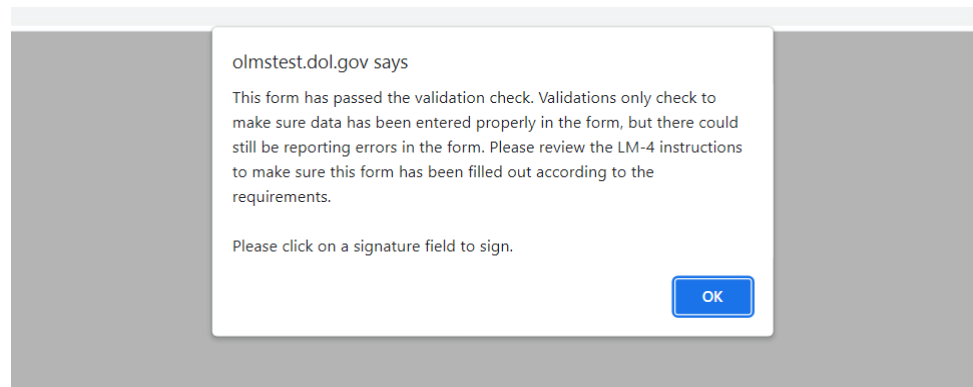
The system will open the Validation Summary Page containing a list of items that must be corrected.

You can select each item and be taken to the page where the item can be corrected. For more information on what should be provided for these items, consult the form instructions.



Signature Blocks

Once all of the validation items have been corrected, the form is ready to be signed.



The signature blocks will turn red, indicating the form can be signed.

Each of the undersigned, duly authorized officers of the above labor organization, declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

20. SIGNED:	Click Here to Sign	PRESIDENT	21. SIGNED:	Click Here to Sign	TREASURER
	(If other title, see instructions)			(If other title, see instructions)	
Date:	<input type="text"/>	Telephone Number:	<input type="text"/>	Date:	<input type="text"/>
			Telephone Number:		<input type="text"/>

Note: All officers who must sign the form must have established user accounts and must log into EFS with their account information to sign the form.



Signing the Form

A minimum of two signatures are required to submit the report. Each officer will have to log in separately to sign the form.

Once the report has been signed, if any changes are made to any fields on the form, the signatures will be removed, and the form must be validated and signed again.

President's Signature

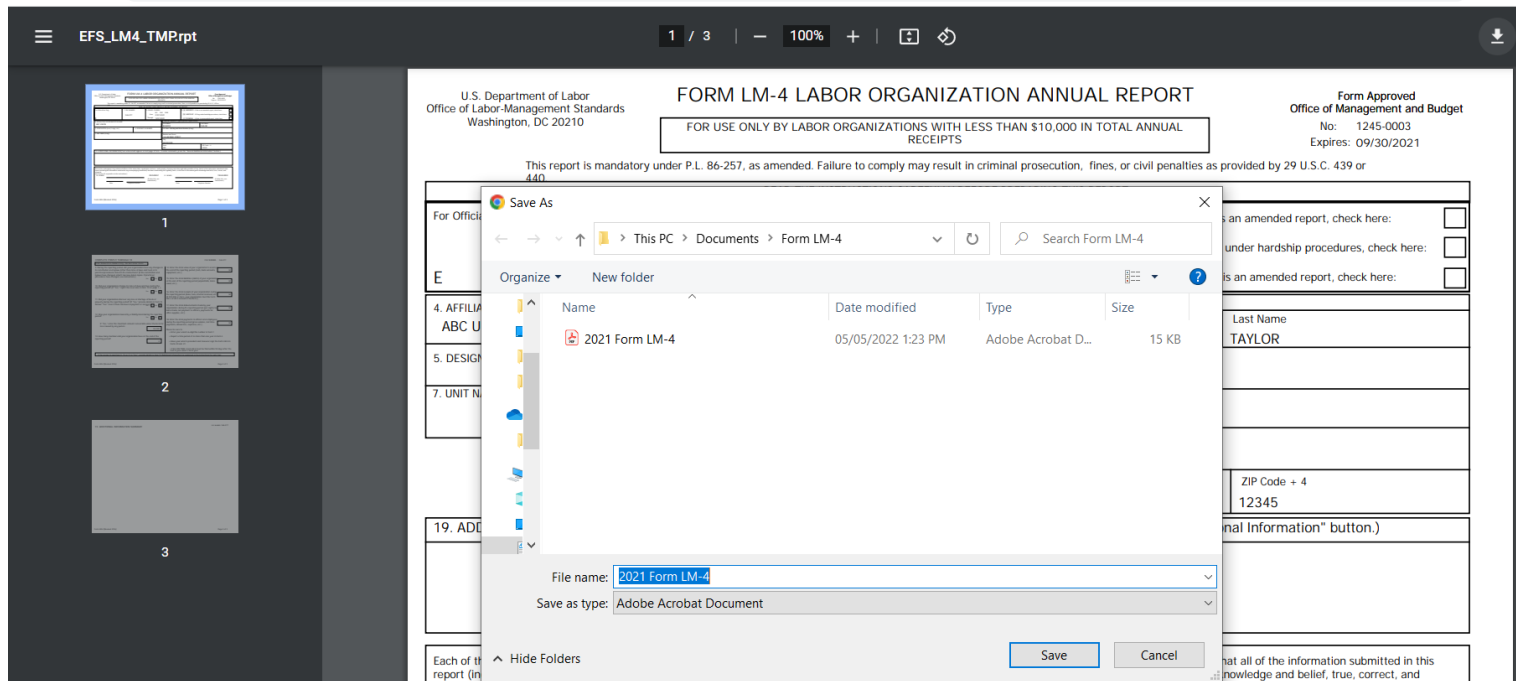
By entering my name and password below, I attest that I am **Jennifer Taylor**, a duly authorized officer of the above labor organization, and declare, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any attached documents) has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

First Name	<input type="text" value="Jennifer"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text" value="Taylor"/>
Date	<input type="text" value="05/05/2022"/>
Password	<input type="password" value="*****"/>
Phone Number	<input type="text" value="202-693-9999"/>



Save a Signed Copy

Select the Print item and click File → Save As to save a signed copy of the report as a PDF to your computer. Do this before submitting the report.



Note: You can obtain a copy of the submitted report from the Online Public Disclosure site. Please see the next section for information on this.



Submitting the Form

Once the signatures have been applied, the form can be submitted.

Select the Submit button from the top menu bar. Once the form has been processed (this may take a few minutes) a confirmation message will display:

The screenshot shows the OLMS website interface. At the top, there is a navigation bar with the following items: "Office of Labor-Management Standards - OLMS", "OLMS HOME", "OLMS Reports", "User Guides/FAQs", "EFS Helpdesk: 1-877-401-1109 | TTY: 711 Telecommunications Relay Services (TRS)", and "Email: OLMS_Public@dol.gov". A "Log out" link is visible in the top right corner. Below the navigation bar, there is a breadcrumb trail: "DOL Home > OLMS > EFS > Home Page". The main content area displays the following text: "Your LM-4 Form has been successfully accepted for processing. Your confirmation number is: 546577-766846-202205012754. Please make a note of this number for your records." Below this, it says: "To view your submitted Your LM-4 report, visit the OLMS Online Public Disclosure Room. OLMS Online Public Disclosure Room link: <http://www.dol.gov/olms/regs/compliance/rrlo/lmrda.htm>

You can print this message by going to File → Print, or simply copy and paste the text from the page into an email or word processing document.

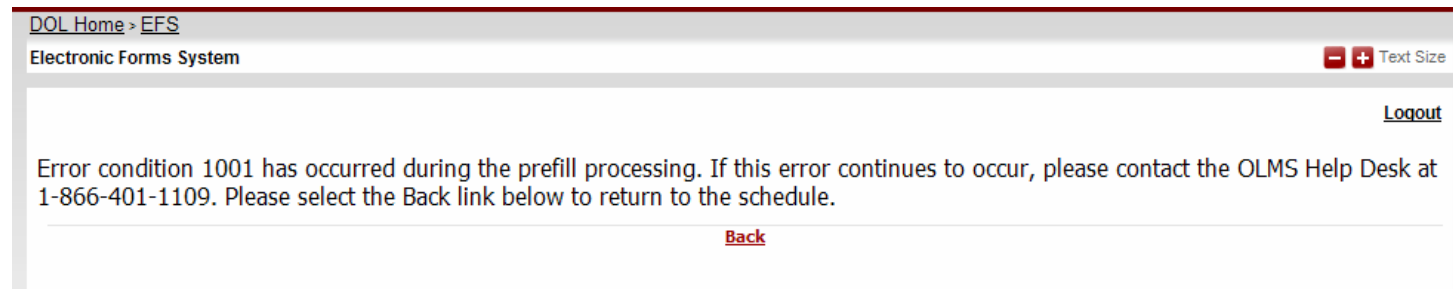
You should now be able to view your submitted report in the Online Public Disclosure Room, by using the link shown above.

Troubleshooting



During peak filing periods, you may experience a slowdown in saving and validating the report.

During these busy periods, you may see an error that looks like this:



Please wait a few minutes and try again. However, if you continue to experience the problem, please contact our technical support desk. See the next page for information on how to get help.



Getting Help

**If you experience difficulty using EFS, please contact OLMS
Form Technical Support toll-free at: 1-866-401-1109**

This PowerPoint presentation and other information regarding EFS
can be found on our website by accessing the following URL:
<http://www.dol.gov/olms/regs/compliance/efs/efsintro.htm>

If you have additional questions or comments please contact OLMS:
email OLMS at olms-public@dol.gov
or contact your local OLMS District Office