

# **APPLYING YOUR DIGITAL SIGNATURE TO THE LM-2, LM-3, AND LM-4 REPORT**

**February 2008**

**v1.1**

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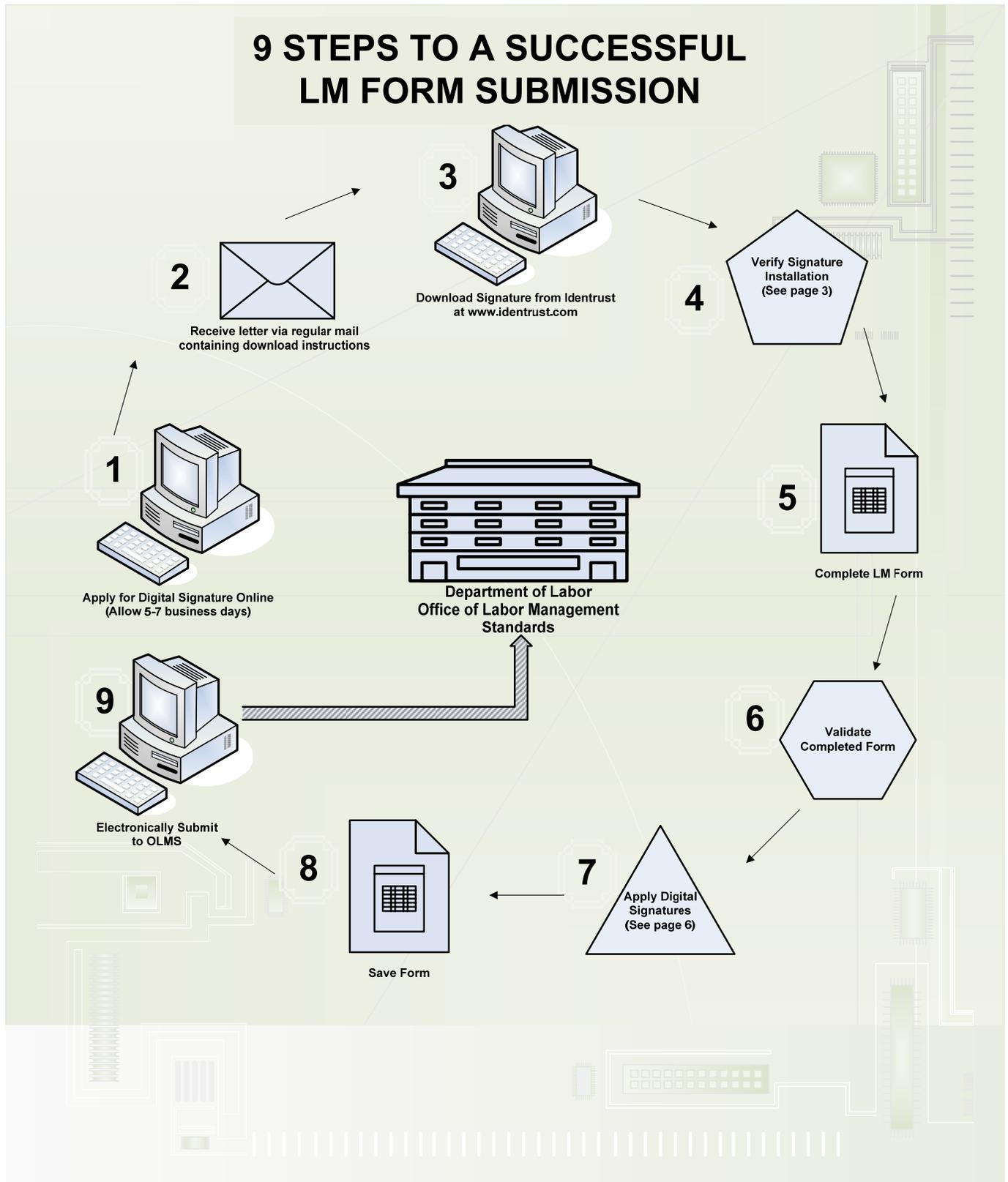
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## **1. IMPORTANT INFORMATION BEFORE YOU BEGIN**

The LM-2 Report requires a digital signature for electronic submission, using an Access Certificate for Electronic Services (ACES) digital certificate. The certificates can also be used with the LM-3 and LM-4 reports. IdenTrust, formerly Digital Signature Trust (DST), provides the easiest and most reliable way to obtain ACES Digital Certificates. If you are electronically filing an LM Report, and have not purchased your signature or downloaded it from the IdenTrust website, <http://www.identrust.com/dol/index.html>, please do so before proceeding. Please allow 5 to 7 business days to obtain an ACES Digital Certificate from IdenTrust.

The U.S. Department of Labor's Office of Labor-Management Standards (OLMS) has formulated this guide, designed to take you step by step through the process of applying your digital signature to your LM Report and troubleshoot some common issues that may arise.

## 2. FLOW CHART OF THE DIGITAL SIGNING PROCESS



### **3. VERIFY YOUR SIGNATURE INSTALLATION (On the computer you will be signing from)**

**To Verify Your Signature Installation:**

- 1. Open Internet Explorer.**



- 2. Select TOOLS from the Menu Bar.**



- 3. Select INTERNET OPTIONS.**



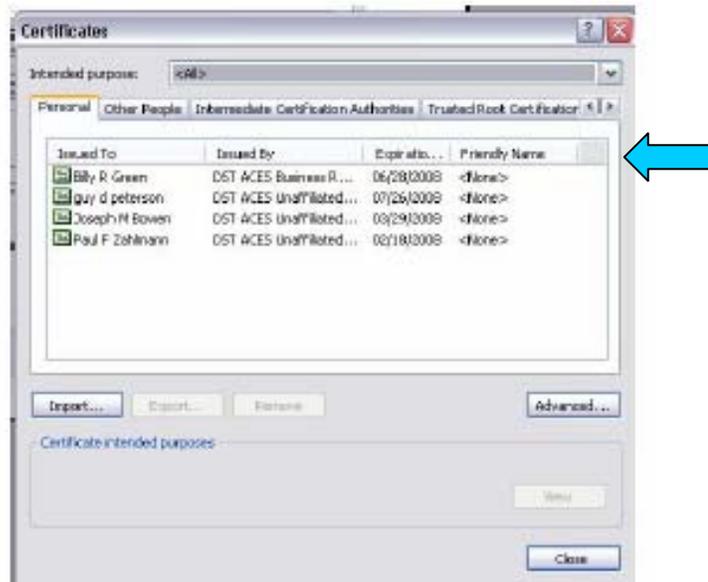
**4. Select CONTENT tab.**



**5. Select CERTIFICATES button.**



6. Locate the item that contains your name and ACES as the Issuer of your Business or Unaffiliated Individual Certificate, as shown below.



7. Locate the properties of your Digital ID in the chart below. Follow the condition for the “Name” and “Issued By” of your certificate(s) as it appears in your computer. Also, users should verify that their certificate is still valid from this location. Digital certificates issued by IdenTrust are valid for two (2) years and must be renewed if beyond the expiration date. Contact the IdenTrust Help Desk for further assistance at 1-888-339-8904.

**NOTE:** The only signature authorized for use on the LM Report is an authentic digital signature issued by DST/ACES ONLY (i.e. Acrobat Reader, SmartDraw etc. will not be accepted).

Name	Issued By	Expiration Date	Condition
John Doe	DST/ACES Unaffiliated		ACCEPTABLE ON THE LM REPORT
John Doe	John Doe		NOT ACCEPTABLE ON THE LM REPORT

## 4.1 APPLY YOUR DIGITAL SIGNATURE TO YOUR COMPLETED LM-2, LM-3, OR LM-4 REPORT

### VALIDATE YOUR LM REPORT

The validation process verifies that you entered information in required fields and ensures that the information you entered is what the form 'expected.' For Example: Validation checks that you have entered a number, not text, into an amount field. Such items must be corrected in order for your validation to be successful and the validation check passed before you can proceed.

After data entry is completed:

1. Click the **VALIDATE** button on the bottom of page 1.

*Your hand cursor will turn into an hour-glass and calculator to process your data.*

U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210		<b>FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT</b>		Form Approved Office of Management and Budget No. 1215-0168 Expires: 11-30-2008	
<b>MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP</b>					
<small>This report is mandatory under P.L. 85-267, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 430 or 640.</small>					
<small>READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.</small>					
<small>For Official Use Only</small> E		1. FILE NUMBER 067-219	2. PERIOD COVERED MO DAY YEAR From 07/01/2005 Through 06/30/2006	3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here: <input type="checkbox"/>	
4. AFFILIATION OR ORGANIZATION NAME LABORERS AFL-CIO			8. MAILING ADDRESS (Type or print in capital letters) First Name: JAMES Last Name: HANSEN		
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION		6. DESIGNATION NUMBER 1271	P.O. Box - Building and Room Number Number and Street 1021 W. 23RD ST City CHEYENNE State WY		
7. UNIT NAME (if any)		9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 69.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
69. ADDITIONAL INFORMATION (Text entered will appear on last page of form. To enter comments, press the "General Additional Information" button.)					
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.)					
70. SIGNED: _____ <small>Date Telephone Number</small>		PRESIDENT <small>(if other title, see instructions.)</small>	71. SIGNED: _____ <small>Date Telephone Number</small>		TREASURER <small>(if other title, see instructions.)</small>
General Additional Information		<b>VALIDATE</b>		Submit	Additional Signatures

# VALIDATION CONFIRMATION

Once your form passes the validation, you will be prompted with a successful validation message.

1. Press OK to clear the message.

The image shows a screenshot of the 'FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT'. The form is partially filled out with the following information:

- 1. FILE NUMBER: 019-085
- 2. PERIOD COVERED: From 07/01/2005 to 06/30/2006
- 3. (a) AMENDED - If this is an amended report, check here:  (b) HARDSHIP - If filing under the hardship procedures, check here:  (c) TERMINAL - If this is a terminal report, check here:
- 4. AFFILIATION OR ORGANIZATION NAME: PLUMBERS AFL-CIO
- 5. DESIGNATION (Local, Lodge, etc.): LOCAL UNION
- 6. DESIGNATION NUMBER: 130
- 8. MAILING ADDRESS: JAMES SULLIVAN, 1340 WEST WASHINGTON BLVD, ZIP Code + 4: 60607-1936

An 'Adobe Acrobat' dialog box is overlaid on the form, displaying the message: 'This form has passed the validation check. Validations only check to make sure data has been entered properly in the form, but there could still be reporting errors in the form. Please review the LM-2 Instructions to make sure this form has been filled out according to the requirements. Please click on a signature field to sign.' A blue arrow points to the 'OK' button in the dialog box.

At the bottom of the form, there are signature fields for the President (70) and Treasurer (71). A red arrow points to the 'Validate Form' button in the bottom navigation bar.

A **RED ARROW** (  ) will appear above signature fields 70 (President) and 71 (Treasurer).

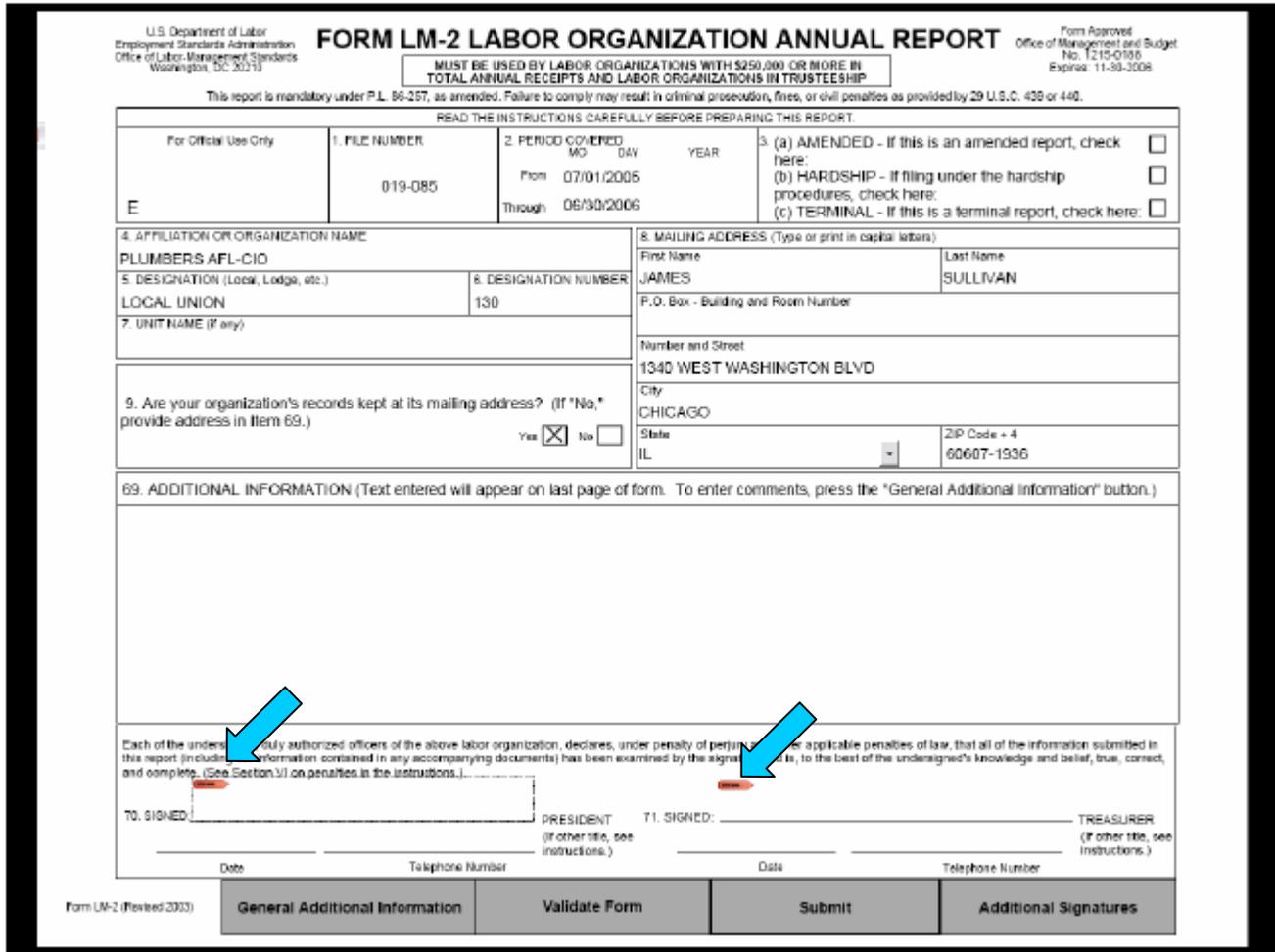
## YOUR FORM DID NOT VALIDATE?

See the Form User Guide available from the form download page

([http://www.dol.gov/esa/olms\\_org.htm](http://www.dol.gov/esa/olms_org.htm)) for help. If you need further assistance, contact the LM Support Center at 1-866-401-1109.

# SIGNATURE MARKS

1. Click the **RED ARROW**  for the field where your signature will go.



The image shows a screenshot of the 'FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT'. The form is for 'PLUMBERS AFL-CIO LOCAL UNION' and is for the period '07/01/2005' through '06/30/2006'. The mailing address is '1340 WEST WASHINGTON BLVD, CHICAGO, IL 60607-1936'. At the bottom of the form, there are two signature fields: '70. SIGNED: \_\_\_\_\_ PRESIDENT (If other title, see instructions.)' and '71. SIGNED: \_\_\_\_\_ TREASURER (If other title, see instructions.)'. Two red arrows point to the signature lines in these fields. Below the signature fields are buttons for 'General Additional Information', 'Validate Form', 'Submit', and 'Additional Signatures'.

**TITLES:** CAN be changed on the form by highlighting and typing over the existing text to the right of signature fields 70 and 71. Please note that you will be prompted to explain the title change in the Additional Information section of the form.

**DATES:** CANNOT be added manually. The date will be added to the report automatically during the submission process.

**TELEPHONE NUMBER:** see page 10 of this guide for instructions on how to enter your telephone number on the form.

## SIGNATURE/REPORT CERTIFICATION MESSAGE

Applying your ACES signature to the LM Report begins the certification process.

Select the “Continue Signing” button when prompted after you have performed the Signature Verification process previously discussed.

U.S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
Washington, DC 20213

**FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT**

Form Approved  
Office of Management and Budget  
No. 1515-0188  
Expires: 11-30-2005

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$250,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

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. 438 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only  E	1. FILE NUMBER  019-085	2. PERIOD COVERED MO DAY YEAR From 07/01/2005 Through 06/30/2005	3. (a) AMENDED - If this is an amended report, check here: <input type="checkbox"/> (b) HARDSHIP - If filing under the hardship procedures, check here: <input type="checkbox"/> (c) TERMINAL - If this is a terminal report, check here: <input type="checkbox"/>
4. AFFILIATION OR ORGANIZATION NAME PLUMBERS AFL-CIO		5. MAILING ADDRESS (Type or print in capital letters)	
5. DESIGNATION (Local, Lodge, etc.) LOCAL UNION		First Name JAMES	
6. DESIGNATION NUMBER 130		Last Name SULLIVAN	
7. UNIT NAME (if any)		P.O. Box - Building and Room Number	
9. Are your organization's records provide address in Item 69.)		Number and Street 1340 WEST WASHINGTON BLVD	
69. ADDITIONAL INFORMATION		City	
		ZIP Code + 4 60607-1936	
		Additional Information* button.)	
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.)			
10. SIGNED: _____ Date Telephone Number		11. SIGNED: _____ Date Telephone Number	
PRESIDENT (If other title, see instructions.)		TREASURER (If other title, see instructions.)	
Form LM-2 (Revised 2003)	General Additional Information	Validate Form	Submit
		Additional Signatures	

**Document is Not Certified**

 You are about to apply the First Digital Signature to this document.

If you received this document from someone else, it could have been altered without the author's consent. Unless you receive this file from a trusted sender, you may not want to sign it.

If you created this document, you may want to apply a certifying signature instead of a regular Digital Signature. If unauthorized changes are made to a Certified document, the Certifying Signature will be invalidated.

The Digital Signature Selection Window appears.

Locate your ACES certificate that lists “DST/ACES Unaffiliated or Business Representative....”

1. Select to highlight your DST/ACES ID.
2. Select OK.

The Apply Signature to Document window appears. Click the Show Options button to expand the window.

1. Enter your PASSWORD (if prompted).  
If you have forgotten your password, you MUST contact IdenTrust at 1-888-339-8904.
2. Enter your TELEPHONE NUMBER on the Contact Information line.
3. Select SIGN AND SAVE AS to continue.  
This option helps to clean up the form and any objects including extra and unnecessary pages no longer needed by the file. It also checks the form for abnormalities and reduces the large file size.

U.S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management  
Washington, DC 20

FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
415-0188  
11-30-2006

Apply Signature to Document

To complete the signing process, you must apply the Digital Signature to the document by saving the document. In case you need to later make changes to the original, it is recommended that you create a new signed copy of the document by clicking Sign and Save As.

Signature Data

Signing as Davi...fin. View Digital ID...

Reason For Signing Document: (select or edit)

\*\*\*

<< Hide Options

Options

Signature Appearance:

Standard Text Preview... New...

Location, e.g. city name: (optional)

Your Contact Information, e.g., phone number: (optional)

202-693-0124

Help Sign and Save As... Sign and Save Cancel

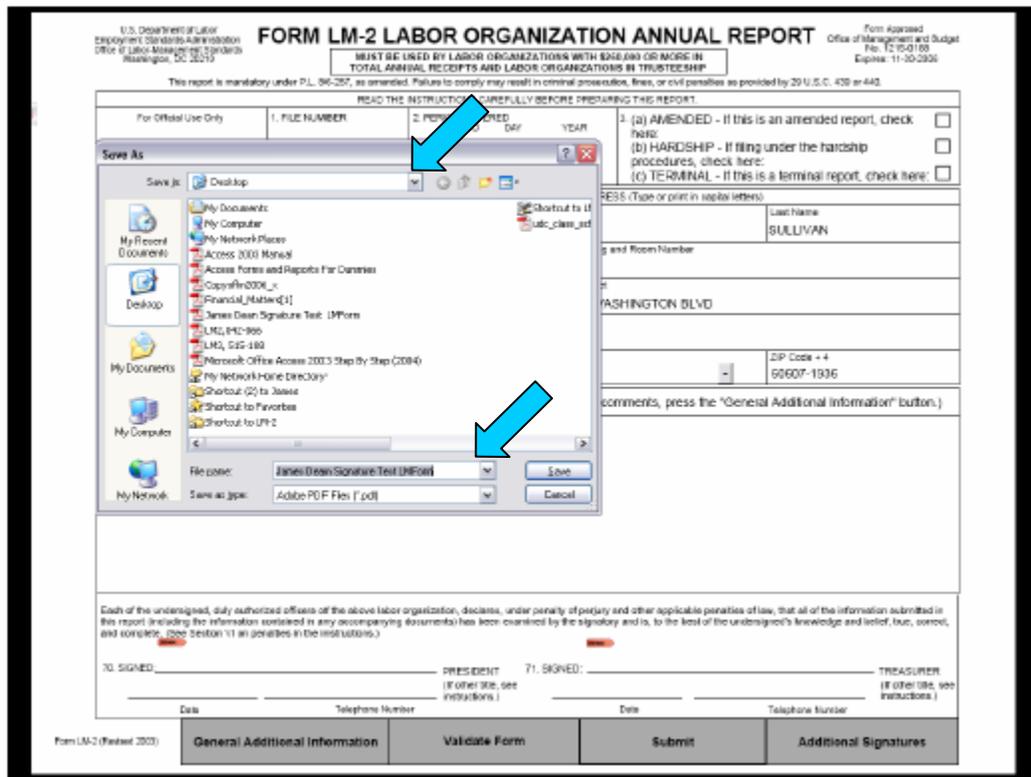
Form LM-2 (Revised 2003)

The SAVE AS window appears.

From the SAVE AS window locate:

**SAVE IN** (top of window). This is where your LM Report will be saved on your computer.

**FILE NAME** (bottom of window). Make sure this is the name of the file you wish to use to save your LM report.



This is the file and location of your LM Report. Unless you change the name, it should be the same as the previous version saved in this location.

1. Press SAVE to begin the save process.
2. Select YES to replace and save the file.  
This process could take a few minutes depending on the size of your file.

## 4.2 APPLYING THE SECOND SIGNATURE TO YOUR REPORT

You have successfully applied the first digital signature to the LM Report and have saved it in the designated area on your computer's hard drive (local or C:/).

To apply the second officer's signature simply repeat the steps on page 8 titled "Signature Marks."

The following are situations that may apply to you when attempting to attach a second signature to your LM Report and solutions to follow:

<b>SITUATIONS:</b>	<b>HOW TO APPLY THE SIGNATURE:</b>
Both signers are sharing one computer	Since both signatures on the LM Report are installed on the same computer each officer can apply his/her signature separately.
The two signers are on separate computers and/or in different locations	<p><b>CD-ROM</b> Save the completed LM Report on a writable CD and mail or deliver it to the second signer. The second signer must save the file to their computer before attempting to attach the second signature.</p> <p><b>FLASH DRIVE</b> Save the completed LM Report on a flash drive to deliver to the second signer. The second signer must save the file to their computer before attempting to attach the second signature.</p> <p><b>SHARED OFFICE NETWORK</b> Each signer must save the completed LM Report to his/her desktop before attempting to attach their digital signature and then replace the report on the shared network drive. Users will not be able to digitally sign the LM Report 'across' a shared network.</p> <p><b>EMAIL</b> Emailing a completed LM Report is only recommended for files 4MB or smaller. Most email servers will not be capable of transmitting large LM reports between signers without damaging/corrupting the file.</p>

## MESSAGES, SYMBOLS & MEANINGS

The symbols and messages you might see after you have applied your digital signature to the LM Report will be Adobe Reader messages and may not apply to the signature itself. Your signature will be validated and verified in the submission process.

	<p align="center"><b>Signature Ready Icon</b></p>	<p>Above the signature fields 70 and 71, it indicates the presence of the empty signature field.</p>
	<p align="center"><b>Checkmark Icon</b></p>	<p>Indicates the signature is valid.</p>
	<p align="center"><b>Warning Sign</b></p>	<p>Indicates the document has been modified after the signature was added. This does not signify a change to the document or else the signature would disappear, but usually occurs after the 2<sup>nd</sup> signature has been applied.</p>
	<p align="center"><b>Question Mark</b></p>	<p>Indicates the signature could not be verified. This signature is still valid but cannot be verified until the report is submitted.</p>
	<p align="center"><b>Red "X"</b></p>	<p>Indicates this signature is not valid. Contact your digital signature vendor immediately.</p>

If you have further questions or concerns, please call the LM Support Call Center at 1-866-401-1109 for assistance.

## **5. SUBMITTING THE COMPLETED AND SIGNED LM REPORT TO OLMS**

**Once you have applied the two required digital signatures to your completed LM Report, you may proceed with the electronic submission to OLMS.**

**Click the SUBMIT button on the bottom of page 1 of the report and you will be taken to the Upload Form web page. Follow the instructions on this page to complete the electronic submission process. If your report is successfully submitted you will receive a confirmation receipt which you are instructed to print and keep for your records. If your report is rejected you will be given an error summary detailing any item(s) that must be corrected in order to complete your submission successfully.**

**If you have any questions related to the application of electronic signatures and error messages applied to the LM Report, please contact the LM Support Call Center at 1-866-401-1109 or the IdenTrust Help Desk toll-free at 1-888-339-8904.**

## 6. COMMON PROBLEMS & RECOMMENDATIONS

The following is a list of signature related problems and resolutions that may assist you should you encounter any of them.

Problem	Explanation (if applicable)	Recommendation
You are unable to purchase certificate/signature due to lack of sufficient personal documentation.	Signing officer does not have a credit card.	Contact IdenTrust at 1-888-339-8904 to inquire about purchasing an ACES certificate using a purchase order.
You have not purchased the certificate yet.		An ACES certificate can be purchased through IdenTrust at: <a href="http://www.identrust.com/dol/index.html">http://www.identrust.com/dol/index.html</a> Please allow 5 to 7 business days to complete the purchase process.
Forgot pass-phrase and/or password.		Call IdenTrust Help Desk at 1-888-339-8904.
Signature disappears.		See the instructions on page 3 of this guide to ensure proper installation of the digital certificate/signature.
<b>Validation Error</b>		
Start/End of Year Cash Balance Discrepancy.	There is a problem with your Start and/or End figures.	See LM User Guide available from the form download page <a href="http://www.dol.gov/esa/olms_org.htm">http://www.dol.gov/esa/olms_org.htm</a>
Error Summary Page (ESP).	Items in LM Report must be corrected.	See LM User Guide available from the form download page <a href="http://www.dol.gov/esa/olms_org.htm">http://www.dol.gov/esa/olms_org.htm</a>
<b>Submission Error</b>		
Validation failure for signee.	<ul style="list-style-type: none"> <li>- Certificate is not DST/ACES</li> <li>- Certificate has expired</li> <li>- Certificate has been revoked</li> </ul>	Contact IdenTrust about purchasing an ACES certificate by visiting <a href="http://www.identrust.com/dol/index.html">http://www.identrust.com/dol/index.html</a>
Form was rejected because it has not been validated and signed properly.	<ul style="list-style-type: none"> <li>- Form not validated before signing.</li> <li>- Not using field 70 and 71 to sign the form.</li> </ul>	Clear signature (right-click on signature + clear signature) and then follow the validate form instructions on page 6 of this guide.
Form rejected because two signatures are not on it.	Your form has just 1 certified DST/ACES signature and requires a second signature.	Purchase an ACES certificate for the second officer by visiting <a href="http://www.identrust.com/dol/index.html">http://www.identrust.com/dol/index.html</a>

## 7. GETTING SUPPORT

**Department of Labor  
Office of Labor-Management Standards (OLMS)  
200 Constitution Avenue, NW, Room N-5609  
Washington, DC 20210**

<b>LM Support Call Center</b>	<b>Technical Support for LM Reports including assistance with completing the form as well as attaching digital signatures.</b>	<b>1-866-401-1109</b>
<b>Online Public Disclosure Room</b>	<b>To view/print copies of reports filed for year 2000 and later <a href="http://www.unionreports.gov">http://www.unionreports.gov</a></b>	
<b>Public Disclosure Room</b>	<b>To order copies of previously filed reports.</b>	<b>202-693-0125</b>
<b>OLMS Website</b>	<b><a href="http://www.olms.dol.gov">http://www.olms.dol.gov</a></b>	
<b>IdenTrust Website</b>	<b><a href="http://www.identrust.com/dol/index.html">http://www.identrust.com/dol/index.html</a></b>	