



New York State Department of Labor
 Division of Labor Standards
 Permit and Certificate Unit, Rm. 266A
 State Office Campus, Building 12
 Albany, NY 12240

Application for Farm Labor Contractor Certificate of Registration - *Answer all questions.* Submit a separate application for each grower or processor you expect to work for. You must include a \$200.00 certified check or money order with the first application submitted for the period from April 1 through March 31.

Application for Farm Labor Camp Commissary Permit - *Answer ONLY questions 1, 2, 9, 11, 12, 24, 25, 26, 27, 28, 29, 30, 31, 32 and 33.* You must include a \$40.00 certified check or money order with the first application submitted for the period from April 1 through March 31.

April 1, 20__ to March 31, 20__

Please print in ink or use typewriter.

1. Full name Permanent home address City - Town - Village State Zip Code County Telephone No.
 ()

2. To what address should your certificate or permit be mailed?

3. Put an "X" in the box for each service that you will provide for a fee
 Recruit Workers Transport Workers Supply Workers Hire Workers Supervise Workers

4. Name of farm/plant Route No. - Road City - Town - Village State Zip Code County Telephone No.
 ()

| 5. No. of migrant workers | 6. Home state(s) or country(s) | Approximate Dates of Employment | |
|---------------------------|--------------------------------|---------------------------------|---------------------------|
| | | 7. Date migrants begin work | 8. Date migrants end work |
| | | | |
| | | | |

9. Location where workers will be housed Route No. - Road City - Town - Village State Zip Code County
 Camp
 Offsite

10. Do you provide housing? Yes No If yes, complete the following information to describe the housing:
 No. and type of buildings _____ No. of bathrooms _____
 No. of bedrooms _____ No. of kitchens _____ No. of dining rooms _____ Other rooms _____
 (No. & type) _____

11. Will there be a commissary selling food or other goods at this location? Yes No
 What type of goods will be sold or leased at this commissary? Meals Groceries Other (Specify)

12. Name of person who will operate the commissary and address at which he or she can be reached

13. List chief crops, the work to be done and wage rate the workers will be paid for each type of work on each crop.

| 13a. Chief crops | 13b. Work to be done | 13c. Rates per box, per bin, per hour, etc. (Specify the capacity of boxes, bins, etc.) |
|------------------|----------------------|---|
| | | |
| | | |
| | | |
| | | |

14. When will wages be paid?
 Daily Weekly
 Every two weeks

15. What day of the week are wages paid?

16. Name and title of person responsible for paying wages

17. Number of hours for a standard work day

18. Number of hours for a standard work week

19. Other scheduled hours (i.e., Part-Time)

20. Will a premium be paid for overtime? Yes No If yes, please explain your overtime requirements (e.g., after 8 hours daily, 40 hours weekly, etc.)

| | |
|---|---|
| 21. Specify any agreement made with the worker for additional wages (i.e., bonus - explain how bonus will be earned, amount and when it will be paid) | 22. Name and position of person responsible for paying additional wages |
|---|---|

23. List the benefits provided by the employer (i.e., sick leave, personal leave, holidays, health insurance, etc.)

24. Will workers be charged for any items? Yes No If "yes," complete items 25 and 26 below.

25. Name and position of person who will make each charge

26. List charges, amount of charges and all other planned payroll deductions, as well as non-economic terms and conditions of employment (transportation availability, medical service, child care, schooling, etc.)

| | |
|--|--|
| Payroll deductions other than SS and taxes (explain) | |
| | |
| | |
| Other charges (explain) | |
| | |
| | |
| Non-economic terms and conditions (explain) | |
| | |

27. Personal Data

| | | | | |
|---|--|---|-----------------------------|----------------|
| 27a. When were you born? (Month-Day-Year) | 27b. Where were you born? (State or Country) | 27c. Social Security No. | 27d. Height Ft. In. | 27e. Weight |
| | | 27f. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | 27g. Hair color | 27h. Eye color |

28. Have you ever been convicted of any crime or offense other than traffic infractions? Yes No If yes, answer the following (use extra sheets if necessary). This item must be completed.

| Date of conviction | Place of conviction | Nature of crime or offense | Sentence imposed |
|--------------------|---------------------|----------------------------|------------------|
| | | | |
| | | | |

29. No permit or certificate can be issued unless the required documents (see below) are received (for both contractor and grower) and you sign the certification below.

From your insurance company, you must obtain a completed C-105.2 proving Workers' Compensation Insurance coverage and a completed DB-120.1 proving Disability Insurance coverage. Both forms are to be provided to this office. Other acceptable forms of proof:

- U-26.3 from SIF
- If self-insured, SI-12 or GSI-105.2 for WC and DB-155 for disability.

If insured through the NY State Insurance Fund, you may call toll free 888-875-5790 to request form U-26.3 and 866-697-4332 to request form DB-120.1.

If **not** liable for WC and/or Disability insurance, provide a completed CE-200 to this office. This form can be obtained on-line at www.wcb.ny.gov. On the home page, click on "WC/DB Exemptions" then click on "Request for WC/DB Exemption". You may contact the Workers' Compensation Board at 866-298-7830 for assistance in obtaining this form. When you call, wait until the menu finishes for someone to give you assistance.

30. Name and position of person who will pay for the policy(s) _____

I hereby certify that all information contained in this application is true and accurate.

31. Signature of contractor or commissary operator _____ 32. FEIN _____ 33. Date signed _____

To be countersigned by grower-processor.

The information contained in the above application for a Farm Labor Contractor Certificate of Registration is true and accurate. In countersigning this application, thus making it my application for a certificate authorizing me to engage a farm labor contractor, I acknowledge my obligation to ensure that Workers' Compensation Insurance is provided, where required by relevant sections of the Workers' Compensation Law, for all workers employed on my farm(s) or in my processing plant(s).

34. _____ 35. _____ 36. _____
Signature of Grower Processor Federal Employer ID# (FEIN) Date signed