

## Application for Farm Labor Contractor Certificate of Registration

This application is for a business applying for a Farm Labor Contractor Certificate of Registration

If you are an individual and do not have your own business, please use form LS113.1-IND

Submit a separate application for each grower or processor you expect to work for.

April 1, 20\_\_ to March 31, 20\_\_

1. Is this for a new certificate or a renewal certificate?    New    Renewal

Last Certificate Number: \_\_\_\_\_

### 2. Contractor Information

Legal name: \_\_\_\_\_

DBA (optional): \_\_\_\_\_ FEIN: \_\_\_\_ - \_\_\_\_\_

Type of Business Organization:    Corporation    Limited Liability Company    Partnership

   Limited Liability Partnership    Sole Proprietor

Physical Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Business Officer, Member, Partner or Owner Information – List additional names, addresses, and telephone numbers on an attached sheet.

First name: \_\_\_\_\_ Middle name (optional): \_\_\_\_\_

Last name: \_\_\_\_\_ Title: \_\_\_\_\_

Home address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Is your business registered as a Farm Labor Contractor with the USDOL as well?    Yes    No

**Note:** After registering with the NYSDOL you must also register with the USDOL; failure to comply could result in having the license revoked.

Check each box for each service that you will provide for a fee:

Recruit workers    Supply workers    Hire workers    Transport workers    Supervise workers

3. **Farm/Plant Information**

Name of farm/plant: \_\_\_\_\_

For the farm/plant shown above, show all locations where workers will work. – List additional locations on an attached sheet.

Telephone number	Street address	City	State	Zip code	County
( ) -					
( ) -					

4. **Worker Information:** List additional groups on an attached sheet.

Number of migrants	No. of non migrants	Home state(s) or country(s)	Primary language(s)	Approximate Dates of Employment	
				Date work to begin	Date work to end
				___/___/___	___/___/___
				___/___/___	___/___/___

5. **Worker Housing:** Is housing provided? Yes No

If yes, show housing information below.

List additional housing locations with information on an attached sheet.

Location 1: Location where workers will be housed: Camp Offsite

Street address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Number and type of buildings: \_\_\_\_\_

Number of: Bathrooms: \_\_\_\_\_ Bedrooms: \_\_\_\_\_ Kitchens: \_\_\_\_\_

Dining rooms: \_\_\_\_\_

Other rooms (No. & type): \_\_\_\_\_

Location 2: Location where workers will be housed: Camp Offsite

Street address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Number and type of buildings: \_\_\_\_\_

Number of: Bathrooms: \_\_\_\_\_ Bedrooms: \_\_\_\_\_ Kitchens: \_\_\_\_\_

Dining rooms: \_\_\_\_\_

Other rooms (No. & type): \_\_\_\_\_

6. **Commissary Information**

Will there be a commissary selling food or other goods at any of these housing locations? Yes No

**Note:** If yes, the commissary applicant must apply separately for a Farm Labor Camp Commissary Permit for each commissary location.



**10. Employee Deductions:**

List additional information on an attached sheet.

Will workers have payroll deductions other than Social Security and taxes? Yes No

If yes, please list the deduction types (for meal deduction or union dues, also give amount):

Name (first and last) and position of the person or name of business who will make each charge:

Will workers be charged for any additional items besides payroll deductions? Yes No

Name (first and last) and position of the person or name of business who will make each charge:

Please show type of charge and give amount:

Charge 1: \_\_\_\_\_

Charge 2: \_\_\_\_\_

Are there any non-economic terms and conditions of employment (transportation availability, medical service, child care, schooling, etc.)? Yes No

If yes, please explain:

**11. Personal Information**

First name: \_\_\_\_\_ Middle name (optional): \_\_\_\_\_

Last name: \_\_\_\_\_ Last 4 digits of social security number: \_\_\_\_\_

When were you born? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Where were you born? (state or country) \_\_\_\_\_

Height: \_\_\_\_ Ft. \_\_\_\_ In. Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

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

12. **Insurance Information**

No certificate can be issued unless the required certificates (see below) are received (for both contractor and grower) and you sign the certification below. The grower must also countersign your application using LS113.15 - Addendum - Countersignature of Grower/Processor for Farm Labor Contractor Certificate of Registration and give that to you.

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 certificates of insurance are to be provided to this office.

Other acceptable forms of proof:

- U-26.3 from NYSIF
- If self-insured, SI-12, SI-105.2P, or SIG-105.2 for WC and DB-155 or DB-120.2 for Disability

If insured through the NY State Insurance Fund, visit [www.nysif.com](http://www.nysif.com) and create an online account. Click on eCerts to obtain certificates of insurance U-26.3 and DB-120.1. You can also e-mail the NY State Insurance Fund at [certificates@nysif.com](mailto:certificates@nysif.com).

If not liable for WC and/or Disability insurance, provide a completed CE-200 exemption certificate to this office. This certificate can be obtained at [https://www.businessexpress.ny.gov/app/answers/cms/a\\_id/2263/kw/CE](https://www.businessexpress.ny.gov/app/answers/cms/a_id/2263/kw/CE). You may contact the Workers' Compensation Board at 866-298-7830 for assistance in obtaining this certificate.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date