

## Application for Farm Labor Contractor Certificate of Registration

This application is for an individual applying for a Farm Labor Contractor Certificate of Registration. If you are a business, please use form LS113.1-CON.

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**

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

Last name: \_\_\_\_\_ Social security number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Home Address: \_\_\_\_\_ County: \_\_\_\_\_

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

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

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

**Additional Information**

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

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

Are you 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.

7. **Crop Information:** List chief crops, the work to be done and wage rates the workers will be paid for each type of work on each crop. List additional information on an attached sheet.

Chief crops	Work to be done	Rates per box, per bin, per hour, etc. (Specify the capacity of boxes, bins, etc.) For hourly work, show the hourly rate (also show the overtime rate† if overtime is allowed). For piece work, show the minimum hourly rate after the piece rate (also show the overtime rate† if overtime is allowed).

8. **Wage Information:**

When will wages be paid? Weekly Every two weeks

What day of the week are wages paid? \_\_\_\_\_

Name (first and last) and title of the person or name of business responsible for paying wages:

Number of work days for a standard work week: \_\_\_\_\_

Number of hours for a standard work day: \_\_\_\_\_

Number of hours for a standard work week: \_\_\_\_\_

Day of rest\*: \_\_\_\_\_

9. **Supplemental Wage Information:**

Are there any agreements with the worker for additional wages (i.e., bonus - explain how bonus will be earned, amount and when it will be paid)? Yes No

If yes, please explain: \_\_\_\_\_

Name (first and last) and position of the person responsible for paying bonus:

Check off the benefits provided by the employer: Sick Leave Personal Leave Holidays  
Health Insurance Other

Please explain the benefit details. If 'Other' was selected, please specify:

\*Section 161.1 NYS Labor Law: As of January 1, 2020, every farm laborer shall be allowed at least 24 consecutive hours of rest in each calendar week. An employee may agree to work on the day of rest but must be paid 1½ times the regular rate of pay for all hours worked on the day of rest.

† Section 163-a NYS Labor Law: As of January 1, 2026, agricultural employers must pay 1½ times the regular rate of pay for all hours worked in excess of 52 during a calendar week.

**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. Additional Information**

Have you ever been convicted of any crime or offense other than traffic infractions? Yes No

If yes, answer the following (Add additional information on an attached sheet). 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

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