

Division of Labor Standards
Permit and Certificate Unit
1220 Washington Ave.
Building 12, Room 185B
Albany, NY 12226



Application for Grower/Processor Certificate of Migrant Registration

April 1, 20____ to March 31, 20____

Submit a separate application for each camp or location where migrants will be housed.

Will you bring five or more non H-2A workers into New York State without using a contractor? Yes No

If your answer is 'No,' do not complete this form. If your answer is 'Yes,' answer all questions.

Either way, you must complete and return the accompanying letter.

Please print in ink or use typewriter.

1. Name of grower/processor: _____
Mailing address: _____ City - Town - Village: _____
County: _____ State: _____ Zip Code: _____
Telephone No. (_____) ____ - _____
2. Name of farm/plant: _____
Route No. - Road: _____ City - Town - Village: _____
County: _____ State: _____ Zip Code: _____
Telephone No. (_____) ____ - _____

| 3. No. of migrants | 4. Home state(s) or country(s) | 4a. Primary language(s) | Approximate Dates of Employment | |
|--------------------|--------------------------------|-------------------------|---------------------------------|---------------------------|
| | | | 5. Date migrants begin work | 6. Date migrants end work |
| | | | | |
| | | | | |

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

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

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

| 11a. Chief crops | 11b. Work to be done | 11c. Rates per box, per bin, per hour, etc. (Specify the capacity of boxes, bins, etc.) |
|------------------|----------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |

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

13. What day of the week are wages paid? _____ By whom? _____ Title? _____

14. Number of hours for a standard: a) work week: _____ and, b) work day: _____

15. Day of rest*: _____ 16. Other scheduled hours (i.e., Part-Time): _____

17. 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): _____

18. Overtime rate†: _____

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

20. Will workers be charged for any items? Yes No If yes, complete items 21 and 22 below.

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

* 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, 2020, agricultural employers must pay 1½ times the regular rate of pay for all hours worked in excess of 60 during a calendar week.

22. 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.).

22a. Payroll deductions other than SS and taxes (explain):

22b. Other charges (explain):

22c. Non-economic terms and conditions (explain):

23. No permit or certificate can be issued unless the required documents (see below) are received 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.

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

24. Federal Employer Identification Number (FEIN): _____ - _____ / _____

25. Signature of _____ Grower _____ Processor 26. Title _____ / _____ / _____
27. Date signed _____

Approval of this application does not permit employment contrary to any applicable minimum wage law or any more favorable agreements contained in existing labor contracts for these employees by this employer, for the same type of work.