

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



Division of Labor Standards Permit and Certificate

Date: ____ / ____ / ____

Address Reply to:

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

Enclosed are copies of "Regulations Relating to the Granting of Farm Labor Contractor Certificates of Registration, Grower/Processor Certificates of Migrant Registration, and Farm Labor Camp Commissary Permits" and "Summary of New York State Labor Laws Relating to Farm or Food Processing Employment." **Please read both carefully.**

All growers or food processors must supply the information requested on the back of this letter. Fill in the information, sign and return this letter in the enclosed self-addressed envelope.

If you will bring into New York State, or will be responsible for bringing into the State, five or more non H-2A farm or food processing workers without utilizing the services of a farm labor contractor (crew leader), you must obtain a "Grower/Processor Certificate of Migrant Registration" from the Commissioner of Labor. This is required regardless of where migrants come from, whether from other states or from places outside of the country: Texas, Florida, Jamaica, Mexico, etc.

Complete both copies of the enclosed "Application for Grower/Processor Certificate of Migrant Registration," answering all questions. In question 11 C, if the unit rate is per box, per bin, etc., you must specify the capacity of the unit: "\$.40 per 1 1/8 bu box, \$8.00 per 20-1 1/8 bu bin," etc. If the migrants will be paid by the hour, indicate "per hour" after the rate.

In question 4, enter the name of the state(s) or country(s) from which migrants will come. If you have less than five non H-2A migrants or you are only using H-2A workers, you do not need a "Grower/Processor Certificate of Migrant Registration."

When you have answered all questions and signed your name, return one application, and appropriate documents proving Workers' Compensation and Disability Insurance Coverage in the enclosed self-addressed envelope. Keep a copy of the application for your files. If your application is approved, a "Grower/Processor Certificate of Migrant Registration" is mailed to you.

Applicable minimum wage law applying to employees hired must be obeyed.

See reverse side

If you plan to use the services of one or more farm labor contractors (crew leaders), list their names and addresses on the bottom of this letter. You are required to countersign the contractor's application and return it to the Department of Labor at the address on the front of the form. If the application is approved, you receive a certificate authorizing you to use the farm labor contractor. You may only use the services of a contractor who has a certificate authorizing him/her to work for you.

If you expect to recruit five or more non H-2A migrant workers **and** use the services of a farm labor contractor, you must obtain both the "Grower/Processor Certificate of Migrant Registration" and the certificate authorizing you to use the contractor.

If your application shows that you will operate a farm labor camp commissary, a permit is mailed to you upon approval of the application.

If you have any questions concerning the completion of the enclosed application, please write to the address on the front of the form.

Enc.

The following is to be completed and returned by all growers or food processors

Check information which applies to you:

I will bring or be responsible for bringing five or more non H-2A migrants into New York State this year.

OR

I will not bring or be responsible for bringing five or more non H-2A migrants into New York State this year.

I will participate in the H-2A Program this year.

OR

I will not participate in the H-2A Program this year.

I do expect to use contractors (crew leaders) this year.

OR

I do not expect to use contractors (crew leaders) this year.

If you **do** expect to use contractors (crew leaders), complete the information requested below.

Name of contractor (crew leader)	Address Street - City or P.O. - County - State	Approximate dates	
		Start	End

Signature of Grower or Food Processor

_____/_____/_____
Date