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

NEW YORK STATE | Department of Labor
WORKING FOR YOU

Supplementary Application for Registered Contractors who will be Working 5 Days or Less

- **Complete in duplicate by contractor**
- **Sign by both contractor and grower or processor**
- **Submit one copy to address above within 24 hours after work has begun**
- **Failure to follow these directions is a misdemeanor, punishable upon conviction by a fine, imprisonment or both**
- **Wages paid cannot be less than those promised upon recruitment**
- **Charges made cannot be more than those started upon recruitment**

1. Full name and permanent home address of contractor:

_____

2. Name and address of farm or processing plant:

_____

3. Date workers began work on this farm or processing plant:

_____ / _____ / _____

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

A. Chief crops	B. Work to be done	C. Rates to workers per bushel, hour, etc.

If there are additional crops, use other side.

5. Who will be responsible for paying wages?
☐ Grower or processor ☐ Contractor

6. When will wages be paid?

_____

7. Will workers be moved to a different farm labor camp for work on this farm or processing plant? ☐ Yes ☐ No
If "Yes," answer questions 8 through 11.

8. Name and address of the new camp:

_____

9. If there will be charges at this camp, list all charges below.

Item	Amount and frequency of charges.	Name and position of person who makes each charge

10A. Will there be a camp commissary? ☐ Yes ☐ No

10B. If "Yes," name and address of commissary operator: _____

11A. Will workers be covered by Workers' Compensation Insurance? ☐ Yes ☐ No 11B. By Farmer's Liability Insurance? ☐ Yes ☐ No

12. Who pays for such insurance? ☐ Grower or processor ☐ Contractor

13. Who will pay employer's share of social security? ☐ Grower or processor ☐ Contractor

Signed: _____ , Contractor Date: ____ / ____ / _____

Farm Labor Contractor Registration No. _____

The information above is true and accurate to the best of my knowledge and belief.

Signed: _____ , Grower or processor Date: ____ / ____ / _____

This form must be posted conspicuously where all farm workers may read it.
Approval of this application does not allow you to bypass the minimum wage law.