

Division of Labor Standards  
Permit and Certificate Unit  
1220 Washington Ave.  
Building 12, Room 185B  
Albany, NY 12226  
(518) 485-1929



## Referral to United States Department of Labor, Employment Standards Administration

Name of applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
Farm Labor Contractor  
Farm Labor Contractor Employee

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Attached are the following:	The most recent NYS Certificate of Registration
Application	No. _____ was issued for fiscal year ending 3/31/ _____
Copy of NYS Health Department Permit	NYS Certificate of Registration for fiscal year ending
Fingerprint Card (FD 258)	3/31/ _____ was denied - suspended - revoked
Copy of Permanent Resident Card	No record of convictions on file
Vehicle Inspection Report(s) (WH 514)	Copy of criminal record attached
Doctor's Certificate	See additional comments below
Proof of financial responsibility or Insurance Certificate	

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Comments:

cc: