



**New York State Department of Labor**  
 Division of Labor Standards  
 Permit and Certificate Unit, Rm. 266A  
 State Office Campus, Building 12  
 Albany, NY 12240

Application for Farm Labor Contractor Certificate of Registration *answer all questions - submit a separate application for each grower or processor you expect to serve.* A \$200.00 certified check or money order must accompany the first application submitted for the period from April 1 through March 31.

Application for Farm Labor Camp Commissary Permit- *Answer ONLY questions 1, 2, 9, 11, 12, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33.* A \$40.00 certified check or money order must accompany the first application submitted for the period from April 1 through March 31.

April 1, 20\_\_ to March 31, 20\_\_

Please print in ink or use typewriter

1. Full name	Permanent home address	City - Town - Village	State	Zip Code	County	Telephone No. ( )
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2. To what address should your certificate or permit be mailed?

3. Put an "X" in the box for each service that you will provide for a fee  
 Recruit Workers       Transport Workers       Supply Workers       Hire Workers       Supervise Workers

4. Name of farm/plant	Route No. - Road	City - Town - Village	State	Zip Code	County	Telephone No. ( )
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5. No. of migrant workers	6. Home state(s) or country(s)	Approximate Dates of Employment	
		7. Date migrants begin work	8. Date migrants end work

9. Location where workers will be housed	Route No. - Road	City - Town - Village	State	Zip Code	County
Camp <input type="checkbox"/>					
Offsite <input type="checkbox"/>					

10. 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) \_\_\_\_\_

11. 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)

12. Name of person who will operate the commissary and address at which he/she can be reached

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

13a. Chief crops	13b. Work to be done	13c. Rates per box, per bin, per hour, etc. (Specify the capacity of boxes, bins, etc.)

14. When will wages be paid? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks	15. What day of the week are wages paid?	16. Name and title of person responsible for paying wages
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17. Number of hours for a standard work day	18. Number of hours for a standard work week	19. Other scheduled hours (i.e., Part-Time)
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20. Will a premium be paid for overtime ?       Yes  No    If yes, please explain your overtime requirements (e.g., after 8 hours daily, 40 hours weekly, etc.)

21. 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)	22. Name and position of person responsible for paying additional wages
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23. List the benefits provided by the employer (i.e., sick leave, personal leave, holidays, health insurance, etc.)

24. Will workers be charged for any items?       Yes       No      If "yes," complete items 25 and 26 below.

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

26. 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.)

Transportation to New York State	
Transportation from New York State	
Payroll deductions other than SS & taxes (explain)	
Other charges (explain)	
Non-economic terms and conditions (explain)	

**27. Personal Data**

27a. When were you born? (Month-Day-Year)	27b. Where were you born? (State or Country)	27c. Social Security No.	27d. Height Ft.    In.	27e. Weight
		27f. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	27g. Hair color	27h. Eye color

28. Have you ever been convicted of any crime or offense other than traffic infractions?       Yes       No      If yes, answer the following (use extra sheets if necessary). This item must be completed.

Date of conviction	Place of conviction	Nature of crime or offense	Sentence imposed

29. No permit or certificate can be issued unless the required documents (see below) are received (for both contractor and grower) and the certification which follows is completed.

**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, and provide them to this office. Other acceptable forms of proof: U-26.3 from SIF; or 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 completed CE-200 to this office. This form can be obtained on-line at [www.wcb.state.ny.us](http://www.wcb.state.ny.us). 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 calling, wait after the menu finishes for someone to give you assistance.

30. Name and position of person who will pay for the policy(s) \_\_\_\_\_

I hereby certify that I have read the above, and the information contained in this application is true and accurate to the best of my knowledge and belief.

31. Signature of contractor or commissary operator \_\_\_\_\_ 32. FEIN \_\_\_\_\_ 33. Date signed \_\_\_\_\_

To be countersigned by grower-processor.

The information contained in the above application for a Farm Labor Contractor Certificate of Registration is true and accurate to the best of my knowledge and belief. In countersigning this application, thus making it my application for a certificate authorizing me to engage a farm labor contractor, I acknowledge my obligation to ensure that Workers' Compensation Insurance is provided, where required by relevant sections of the Workers' Compensation Law, for all workers employed on my farm(s) or in my processing plant(s).

34. \_\_\_\_\_ 35. \_\_\_\_\_ 36. \_\_\_\_\_  
 Signature of     Grower     Processor                      Federal Employer ID# (FEIN)                      Date signed      Page 2