



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 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 be responsible for bringing 5 or more workers into New York State without using a contractor for this recruiting? Yes No If your answer is "No," don't complete this form. If your answer is "Yes," answer all questions. In either case, 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 State Zip Code County Telephone No. ()

2. Name of farm/plant Route No. - Road City - Town - Village State Zip Code County Telephone No. ()

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

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

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/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 work day
 15. Number of hours for a standard work week

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. Will a premium be paid for overtime? Yes No If yes, explain your overtime requirements (e.g., after 8 hours daily, 40 hours weekly, etc.)

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

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.)

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)

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

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

No application will be processed unless a \$40.00 check or money order is included with the first application submitted for the period from April 1 through March 31.

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.