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

WE ARE YOUR DOL

NEW YORK STATE | Department of Labor

Case Number for Office Use Only

_____

Application for Dispensation – Processors of Fruits and Vegetables

Complete this application and return it to the address above. Submit a separate application for each plant. Use additional sheets if needed.

1. Legal Name of Establishment: _____
2. DBA (Optional): _____
3. Type of Business Organization:
   ☐ Corporation ☐ Limited Liability Company ☐ Partnership
   ☐ Limited Liability Partnership ☐ Sole Proprietorship
4. FEIN: _____
5. Address of main office: _____
   City: _____ State: _____ Zip: _____ County: _____
   Phone Number: _____
6. Mailing address (if different than main address): _____
   City: _____ State: _____ Zip: _____ County: _____
   Phone Number: _____
7. Owner/Officer/Member Title: _____
   Owner/Officer/Member First Name: _____
   Owner/Officer/Member Last Name: _____
8. Address of plant applied for: _____
   City: _____ State: _____ Zip: _____ County: _____
9. Mailing address (if different than plant address) : _____
   City: _____ State: _____ Zip: _____ County: _____
   Phone Number: _____
10. Products to be processed during period:

11. 7-day request for employees 18 years of age and over
    a. Maximum number of 7-day weeks per month requested: _____
    b. Maximum number of employees to be affected by 7-day week dispensation: _____
    c. Request 7 days without posting day of rest schedule: ☐ Yes ☐ No
    d. Period for which dispensation is requested: From _____ To _____

12. The Defense Emergency Act provides that no dispensation shall be granted to any employer "who can by utilization of available labor supply or by organizational or other reasonable adjustments maintain maximum efficiency and production without such dispensation". What steps have you taken to maintain efficiency and production by better utilization of available labor supply or by other adjustments?

13. No permit can be issued unless the required Workers' Compensation Insurance and Disability Insurance documents (see below) are received.

    You must provide proof of Workers' Compensation and Disability Insurance coverage. Acceptable proof includes:

    - **From your insurance company**, a completed C-105.2 proving Worker's Compensation Insurance coverage is currently in effect, and a completed DB-120.1 proving Disability Insurance coverage is currently in effect
    - A completed form U-26.3 from the New York State Insurance Fund showing that your Workers' Compensation Insurance coverage is currently in effect
    - If you are self-insured, provide a completed SI-12, SI-105.2P, or SIG-105.2 for Workers' Compensation Insurance coverage and a completed DB-155 for Disability Insurance coverage
    - If you are insured by the New York 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 you are **not** liable for WC and/or Disability Insurance, provide a completed CE-200 to this office. This form can be obtained online at www.wcb.ny.gov

    You may contact the Workers' Compensation Board at 866-298-7830 for assistance in obtaining this form.

    I hereby certify that the above statements are true and accurate. I further certify that the establishment making this application carries Workers' Compensation insurance and/or Disability insurance if required.

14. Signature of Employer or Agency Officer: _____
15. Position or Title: _____ Date: _____