



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 bring five or more non H-2A workers into New York State without using a contractor? Yes No

If your answer is 'No,' do not complete this form. If your answer is 'Yes,' answer all questions.

Either way, 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. ()
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2. Name of farm/plant. Route No. - Road	City - Town - Village	State	Zip Code	County	Telephone No. ()
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3. No. of migrants	4. Home state(s) or country(s)	4a. Primary language(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 <input type="checkbox"/>				
Offsite <input type="checkbox"/>				

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 or 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? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks	13. What day of the week are wages paid? By whom? Title?	14. Number of hours for a standard: a) work week; and, b) work day	15. Day of rest*
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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)
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18. Overtime rate†: _____

*Section 161.1 NYS Labor Law: As of January 1, 2020, every farm laborer shall be allowed at least 24 consecutive hours of rest in each calendar week. An employee may agree to work on the day of rest but must be paid 1½ times the regular rate of pay for all hours worked on the day of rest.

†Section 163-a NYS Labor Law: As of January 1, 2020, agricultural employers must pay 1½ times the regular rate of pay for all hours worked in excess of 60 during a calendar week.

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.).

Payroll deductions other than SS and 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 you sign the certification below.

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. Both forms are to be provided to this office. Other acceptable forms of proof:

- U-26.3 from SIF
- 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 a completed CE-200 to this office. This form can be obtained on-line at www.wcb.ny.gov. 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 you call, wait until 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

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.