



Division of Labor Standards  
 Permit and Certificate Unit  
 State Office Campus  
 Building 12, Room 185B  
 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 work for.

Application for Farm Labor Camp Commissary Permit - **Answer questions 1, 2, 9, 11, 12, 24, 25, 26, 27, 28, 29, 30, 31, 32 and 33.**

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.  
 (      )

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       Supply Workers       Hire Workers       Transport Workers       Supervise Workers

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

5. No. of migrants	5a. No. of non-migrants	6. Home state(s) or country(s)	6a. Primary language(s)	Approximate Dates of Employment	
				7. Date work to begin	8. Date work to end

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

10. Is the housing provided by contractor, grower, or processor?  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 or 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?  
 Daily       Weekly  
 Every two weeks

15. What day of the week are wages paid? \_\_\_\_\_

16. Name and title of person responsible for paying wages \_\_\_\_\_

17. Number of hours for a standard work day \_\_\_\_\_

18. For a standard work week:  
 a) number of hours; \_\_\_\_\_ and b) number of days \_\_\_\_\_

19. Day of rest\* \_\_\_\_\_

20. 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.

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 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.)

Payroll deductions other than SS and 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 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](http://www.wcb.ny.gov). You may contact the Workers' Compensation Board at 866-298-7830 for assistance in obtaining this form

Farm Labor Contractors must carry Workers' Compensation Insurance for their own workers. This includes truck drivers and workers the farm labor contractor hires, transports and supervises.

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

I hereby certify that all information contained in this application is true and accurate.

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. 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