

# Application for Farm Labor Contractor and Agent Certificate of Registraton

**PLEASE NOTE: ANSWER ALL QUESTIONS. No Farm Labor Contractor or Agent Certificate will be issued unless a completed form is received.**

### PERSONAL INFORMATION

1. Name  _____ (Last)                      (First)                      (MI)		2. Organizational Title (If any):  _____	
3. Permanent Home Address (List address to which notices and documents should be sent):  _____		4. Permanent Home Telephone Number (Include Area Code):  _____	
5. Name of employer(s) and address(es) where farm labor activity will take place (Additional space is provided on Page 2, Item 20):  _____		6. Telephone Number at Work Location (Item 5) (Include Area Code):  _____	
7. Date of Birth:  _____	8. Social Security Number:  _____	9. Application for Certificate of Registration: <input type="checkbox"/> Initial — (Check here if applying for the first year only) <input type="checkbox"/> Renewal — (Check here if applying for subsequent years only)	
10. The applicant is a (Check one): (see contractor definitions on Page 4) <input type="checkbox"/> Traditional Farm Labor Contractor <input type="checkbox"/> Day-haul Contractor <input type="checkbox"/> Partnership (See Item 13) <input type="checkbox"/> Corporation (See Item 13) <input type="checkbox"/> Other (Specify) _____		11. Check each contractor activity to be performed: <input type="checkbox"/> Recruit, Furnish, Solicit, Seasonal Farmworkers <input type="checkbox"/> Transport Workers <input type="checkbox"/> Hire Workers <input type="checkbox"/> Pay Wages to Workers	
12. Do you have a Federal Farm Labor Contractor License? <input type="checkbox"/> YES <input type="checkbox"/> No If Yes, indicate number: C _____		a. Housing Authorized (HA) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No b. Driving Authorized (DA) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No c. Transportation Authorized (TA)..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. If you checked the block entitled Partnership or Corporation in Item 10 above, answer the following questions: a. Are you using an individual "traditional" contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, contractor's name _____ b. Is this contractor registered? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Federal Farm Labor Contractor License Number: C _____ State License Number: _____ c. Will this traditional contractor pay wages and issue pay stubs to workers? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, 1) Has this contractor been properly designated as your agent through a statement from you to the individual worker which indicates conditions of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No 2) Is a copy of the statement designating the contractor as your agent posted in your camp? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**FOR OFFICIAL USE ONLY — DO NOT WRITE IN THIS AREA**

FEDERAL FLC NUMBER: \_\_\_\_\_ PA REGISTRATION NUMBER C- \_\_\_\_\_

VERIFIED WITH: \_\_\_\_\_  APPROVED  DISAPPROVED \_\_\_\_\_

BY: \_\_\_\_\_  DATE ISSUED \_\_\_\_\_ DATE

**WORKER INFORMATION**

14. What is the greatest number of workers that will be in your crew(s) at any one time?

15. List the permanent residences of workers by city and state or country:

16. Check type of activity the crew(s) will perform:

Orchard Harvest

Mushroom Work

Vegetable Harvest

Other (Specify) \_\_\_\_\_

Nursery Work

**INFORMATION ON SERVICES FURNISHED WORKERS**

17. Will you provide food to workers?  Yes  No

18. Will you charge for food provided to workers?  Yes  No If Yes, state charge per week, per worker \$ \_\_\_\_\_

Do you have a signed authorization from each of the workers to deduct a reasonable food charge from his/her wages?  Yes  No

19. Will you provide housing to workers?  Yes  No If Yes, state charge per week, per worker \$ \_\_\_\_\_

Do you have a signed authorization from each of the workers to deduct a reasonable housing charge from his/her wages?  Yes  No

If housing will be provided, list name and address of camp(s).

Name

Address

a.

b.

c.

20. Name, address and telephone number of employer(s) for whom you will be employed. If more than one, list separately.

Name

Address

Telephone

Dates of Employment

a. ( )

b. ( )

c. ( )

**INFORMATION ON VEHICLES AND TRANSPORTATION OF WORKERS**

21. Do you provide any transportation for agricultural workers?  Yes  No  
 If Yes, specify location(s) to and from where transportation is provided:

If No, please explain how workers get to and from their permanent residences and the worksites:

22. For each vehicle used to transport workers, indicate year, make, model, registration number and state where registered:

	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Registration Number</u>	<u>State Issued</u>	<u>Insured</u>		<u>Inspected</u>	
						<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
a.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Name, address and telephone number of insurance carrier: \_\_\_\_\_  
 \_\_\_\_\_

**FARM LABOR CONTRACTOR AGENT INFORMATION**

An agent is anyone who recruits, solicits, hires, furnishes or transports seasonal farm workers on behalf of the farm labor contractor.

Please note that all agents must be identified and will be issued an identification card upon approval of applicant's application.

24. List name, address and social security number of all agents working for the farm labor contractor and the functions they will perform. If transporting, list current driver's license number and state where license was issued:

	<u>Name</u>	<u>Address</u>	<u>Social Security Number</u>	<u>Function</u>	<u>License Number and State Issued</u>
a.					
b.					
c.					
d.					
e.					

25. Have you ever been convicted of a crime or summary offense other than a traffic violation?  Yes  No  
If Yes, give details (nature of crime, place of occurrence and date of conviction).

#### WARNING

Pennsylvania Crimes Code 18 Pa. C.S. § 4904, provides in part that: "(a) person commits a misdemeanor of the second degree if, with intent to mislead a public servant in performing his official function, he . . . makes any written false statement which he does not believe to be true . . .".

I CERTIFY that the answers given here are true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### FARM LABOR CONTRACTOR DEFINITIONS

Traditional Farm Labor Contractor - those contractors who generally reside outside of Pennsylvania and travel to Pennsylvania for the purpose of engaging in seasonal agricultural activities. Traditional farm labor contractors may also reside in Pennsylvania, and recruit and provide housing to seasonal farm workers who are unable to commute on a daily basis from his/her permanent residence.

Day-haul Contractor - those contractors who engage in farm labor contractor activities by providing transportation to and from agricultural operations on a daily basis in, and out of, state.

Partnership/Corporation - those officers, officials, supervisors or employees of a partnership or corporation most directly responsible for engaging in farm labor contractor activities on behalf of the operation.

#### GENERAL INFORMATION FOR APPLICANT

- A. Completed application is required of **Contractor Only**. Agent need not apply; however, all agents identified will receive an identification card.
- B. Two frontal, facial pictures (2" x 2") are required for an initial application. Only one picture is required for a renewal application. No picture is required for agents.
- C. There is a **\$25.00 fee for initial application or a \$15.00 fee for renewal application**. Make check or money order payable to "PA Department of Labor & Industry" and mail to the address below.

CHECK BEFORE MAILING - HAVE YOU:

- Included Federal license number?  
 Included photos?  
 Enclosed check or money order?

MAIL TO:

DEPARTMENT OF LABOR & INDUSTRY  
BUREAU OF LABOR LAW COMPLIANCE  
651 BOAS STREET  
ROOM 1301  
HARRISBURG, PA 17121