Department of Labor & Industries
Employment Standards Section
PO Box 44511
Olympia WA 98504-4511

APPLICATION FOR FARM LABOR CONTRACTOR LICENSE

☐ NEW LICENSE ☐ RENEWAL

Applicant's full legal name | First | Middle

Applicant's home address | City | State ZIP

List any other name used

Area of proposed business:
☐ **Production or harvesting of farm products** ☐ **Forestation or reforestation of lands**

Business phone

Type of business
☐ Sole proprietor ☐ Partnership ☐ Corporation

Name of business(corporate and/or assumed business name)

UBI

L&I Account

If a partnership, list the name, home and business addresses of each partner

Home	Home	Home
Business address	Business address	Business address
City	City	City

If a corporation, give state of incorporation	Date incorporated	Attach copy of certificate of incorporation	Corporate business phone

Permanent Washington address | City | State ZIP

Note: all changes in your permanent or home address must be reported immediately to the Director of Labor & Industries

List the amount or percentage of the applicant's share in the proposed farm or forest labor contracting operation.

List all persons financially interested, either as partners, stockholders, associates, profit sharers or providers of board or lodging to agricultural employees.

Address		Address		Address	
City	State ZIP	City	State ZIP	City	State ZIP
Telephone no.	Amount of	Telephone no.	Amount of	Telephone no.	Amount of

Have you or any of your agents, partners associates, stockholders or profit sharers now or ever had a farm labor contractor's license suspended, revoked or denied by any state or federal agency? ☐ Yes ☐ No

If "Yes," give the name of the person, the state or federal agency involved and the date of suspension, revocation or denial.

Are you or any of your agents, partners, associates, stockholders or profit sharers now or ever been licensed to operate as a farm labor contractor in any other state(s)? ☐ Yes ☐ No

If "Yes," name the person(s) and dates licensed.

Are there any pending administrative actions, law suits or outstanding judgments against you or any of your agents, partners, associates, stockholders or profit sharers in any state or federal court arising out of activities as a farm labor contractor? ☐ Yes ☐ No

If "Yes," set forth in detail the parties involved, the nature of the action, and the current status or final disposition of the matter.

Were you licensed as a farm labor contractor in Washington last year?
☐ Yes ☐ No If "Yes," how many workers did you employ?

How many workers do you plan to employ this year?

Set forth in detail how and where you intend to obtain your employees and a description of the work you intend to perform.

Continued on reverse

Do you intend to use any motor vehicle in the conduct of your farm labor contracting activities? ☐ Yes ☐ No

If "Yes," will the vehicle(s) be used to transport workers? ☐ Yes ☐ No

For each vehicle to be used, complete the following and supply evidence to prove liability coverage.

(if more space is needed, attach additional sheets)

Name of the insurance company

Company's address

City State ZIP+4

Business name of insurance agent

Agent's business address

City State ZIP+4

Agent's business phone	Policy Number	Amount of coverage

AS AN APPLICANT FOR A FARM LABOR CONTRACTING LICENSE, BEING FIRST DULY SWORN, I DEPOSE AND SAY:

That I will at all times conduct my business as a Farm Labor Contractor in accordance with Chapter 19.30, Revised Code of Washington and the rules of the Director of the Washington State Department of Labor and Industries.

With regards to any action filed against me concerning my activities as a Farm Labor Contractor, I appoint the Director of the Washington Department of Labor and Industries as my lawful agent to accept service of summons when I am not present in the jurisdiction in which the action is commenced or have in any other way become unavailable to accept service.

That I will comply with all provisions of Chapter 19.30, Revised Code of Washington.

That the information I have supplied on or with this application for a Farm Labor Contractor License is true and correct to the best of my knowledge.

Date	Contractor's signature

NOTE: The Contractor must submit all materials to the Department in one package