

Application or Renewal for Farm Labor Contractor License

Farm Labor Unit
PO Box 44510
Olympia WA 98504-4510

ESFarmLabor@Lni.wa.gov
Phone: 1-866-219-7321 / 360-902-5316

Important: Please read instructions carefully as your packet will *not* be processed if it is incomplete.

1. Type of Application <input type="checkbox"/> New License <input type="checkbox"/> Renewal (one year) <input type="checkbox"/> Renewal (two year)		2. Services <input type="checkbox"/> Farm Labor <input type="checkbox"/> Forestation and/or Reforestation <input type="checkbox"/> Recruitment Only <input type="checkbox"/> BOTH Farm Labor and Forestation/Reforestation	
3. License Holder's Full Legal Name (First, Middle Initial, Last, Suffix of the Designated Person)			
4. Business Name			

Important: Any changes in addresses and business structure must be reported immediately to L&I.

5. Home Address		City	State	Zip Code
6. Home Phone Number	7. Business Phone Number		8. Cell Phone Number	
9. Email Address		10. UBI Number		11. L&I Account Number
12. Point of Contact Name				13. Phone Number
14. Business Address (Physical Location)		City	State	Zip Code
15. Business Mailing Address (If Different from Above)		City	State	Zip Code
16. Type of Business <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLC (Sole Member)				

List all persons financially interested, either as partner, stockholders, associates, profit sharers, or providers or board or lodging to agricultural employees. List the amount or percentage of each applicant's share in the proposed farm or forest labor contracting operation, *the total percentage must equal 100%*. Attach additional pages if needed.

17. Name		18. Phone Number	19. Amount of Interest	
20. Home Address		City	State	Zip Code
21. Name		22. Phone Number	23. Amount of Interest	
24. Home Address		City	State	Zip Code
25. Name		26. Phone Number	27. Amount of Interest	
28. Home Address		City	State	Zip Code
29. Name		30. Phone Number	31. Amount of Interest	
32. Home Address		City	State	Zip Code
33. Name		34. Phone Number	35. Amount of Interest	
36. Home Address		City	State	Zip Code

37. Name	38. Phone Number	39. Amount of Interest
40. Home Address	City	State Zip Code

For corporations only: Attach a copy of Certification of Incorporation

40(b). State of Incorporation	40(c). Date Incorporated
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See attached documents.

41. How many **domestic** employees do you plan to employ this year?
 0 1 — 10 11 — 50 51 — 100 100+

42. Describe in detail how and where you intend to obtain your domestic employees?

43. Who will help you with the domestic recruitment process?

44. Describe in detail the **type of work** and **duties** your domestic employees will perform.

45. How many **H-2A / H-2B** employees do you plan to employ this year?
 0 1 — 10 11 — 50 51 — 100 100+

46. Describe in detail how and where you intend to obtain your H-2A / H-2B employees?

47. Who will help you with the H-2A / H-2B recruitment process?

48. Describe in detail the **type of work** and **duties** your H-2A / H-2B employees will perform.

49. Were you licensed as a Farm Labor Contractor in Washington last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	50. If "Yes", how many total workers did you employ, hire, supply, solicit, transport, and/or recruit for the calendar year?
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51. 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

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

53. 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

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

55. Are there any pending administrative actions, lawsuits, or outstanding judgements 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

56. If "Yes", describe in detail the parties involved, the nature of the action, and the current status or final disposition of the matter. If more space is needed, attach additional sheets.

See attached documents.

57. Do you intend to use any motor vehicle in the conduct of your farm labor contracting activities?

Yes No

58. If "Yes", will the vehicle(s) be used to transport workers?

Yes No

If the answer is "Yes", make sure you submit proof of the Certificate of Auto Liability insurance policy and the list of insured vehicles with your packet.

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 (RCW) and the rules of the Director of the Washington State Department of Labor and Industries.

That my business is in legal compliance and current with all federal, state, and local taxes that may apply to my business interest.

With regards to any action filed against me concerning my activities as a Farm Labor Contractor, I appoint the Director of the Washington State 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 (RCW).

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.

Print Name of License Holder (not the
business)

License Holder's Signature

Date

Important:

All of the following application/renewal items must be submitted to Labor & Industries in one package. For best practice, please send a scanned electronic copy of your complete package to ESFarmLabor@Lni.wa.gov before mailing your package. Please do not staple your packet; paperclips are preferred.

- Application/Renewal Form.
- Department of Revenue Tax Compliance Certification (signed & approved by DOR).
- Employment Security Department Tax Compliance Certification (signed & approved by ESD).
- Proof of Auto Liability Insurance showing coverage amount and list of vehicles (if applicable).
- Proof of Surety (bond or assignment of account).
- License fee.

Instructions for Completing Farm Labor Contractor's License Application

Detailed instructions for completing each box are listed below. If you have any questions about completing this application, contact us at: ESFarmLabor@Lni.wa.gov.

1. Type of Application:

Check the box for a new license or for a renewal of your Farm Labor Contractors License. Please note that new applicants can only receive a one-year license.

2. Services:

Check the box for the services your business will be performing. If you choose "Recruitment Only", do not check any other boxes.

3. License Holder's Full Name:

Write the legal name of the business owner and/or business contact person for the business making this application. All applications must have a contact name and contact information. List contact's name in the last name, first name, middle initial format.

4. Business Names:

Write the name of your business. This information must match the business name as listed on your Washington State Business License.

5. Home/Contact Address:

Write the address where we can reach the contact person responsible for this application.

6. Contact Phone:

Write the home phone number for the contact person completing this application.

7. Business Phone:

Write the business/office phone number for the person completing this application.

8. Cell Phone:

Write the cell phone number for the person completing this application.

9. Email Address:

Write the email address where we can reach you with questions related to this application.

10. UBI Number:

Write the Uniformed Business Identifier for the business making this application. This information must match your Washington State Business License.

11. L&I Account Number:

Write your L&I Industrial Insurance account number for your business.

12. Point of Contact Name:

Write the name of the person responsible for preparing / submitting this application.

13. Point of Contact Phone Number:

Write the phone number of the person responsible for preparing / submitting this application.

14. Business Address:

Write the physical street address of the business as listed on your business license.

15. Business Mailing Address:

If different from the physical address, write the business mailing address.

16. Type of Business:

Check the appropriate box for your type of business.

17. — 40. Financially Interested Parties:

Write the information for all financially interested parties related to the business listed. If more space is needed, attach a separate paper with all requested information for each partner. If a separate document is included, check the box next to the "See attached documents."

40(b). For Corporations Only:

Write the State where the corporation is recorded.

40 (c). For Corporations Only:

Write the year when the corporation was established.

41. Number of Domestic Employees:

Check the appropriate box for the total number of domestic employees you intend to hire this year.

42. — 43. Obtaining Domestic Employees:

Tell us how you will get domestic employees for your contracting work.

44. Job Duties:

Be specific with the type of work your domestic employees will perform.

45. Number of H-2A / H-2B Employee:

Check the appropriate box for the total number of H2A/H-2B temporary agricultural employees you plan to hire this year.

46. — 47. Obtaining H-2A / H-2B Employees:

Tell us how you will get H-2A / H-2B employees.

48. Job Duties:

Be specific with the type of work your H-2A / H-2B employees will perform.

49. Were You Licensed Previously?

Check "Yes" or "No" to tell us if you were a licensed as a Farm Labor Contractor last year.

50. How Many Employees:

If you answer "Yes" to Questions 41 and 45, write the total number of employees you hired last calendar year. If you answered "No" to Questions 41 and 45, write "NA" in this space and go to Question 51.

51. Farm Labor Contractors Suspended, Revoked, or Denied in Other States:

Check "Yes" or "No".

52. States in Which You Have Had Farm Labor Contracting License Suspended, Revoked, or Denied:

If you answered "Yes" to Question 51, write the state(s) where you had your Farm Labor Contractors licensed suspended, revoked, or denied. If you answered "No" to Question 51, write "NA" in this space and go to Question 53.

53. Are you now or have you ever been licensed to operate as a Farm Labor:

Check "Yes" or "No".

54. Name the person(s) and the dates licensed as a Farm Labor Contractor in other states. If you answered "Yes" to Question 53, write the information for the person and the state in which they were previously licensed as a Farm Labor Contractor. If you answered "No" to Question 53, write "NA" in this space and go to Question 49.

55. Pending Administrative Action:

Check "Yes" or "No".

56. Current Status of Pending Administrative Actions:

If you answered "Yes" to Question 55, tell us the current status of these administrative actions. If more space is needed, attach a separate piece of paper with all requested information for each administrative action. If a separate document is included, check the box next to "See attached documents."

57. Motor Vehicle Declaration:

Check "Yes" or "No" to tell us if you plan to use a motor vehicle (car, van, truck, etc.) to conduct your business.

58. Transportation of Workers:

Tell us if you will transport workers in the operation of your Farm Labor Contracting business. Check "Yes" or "No". *If "Yes" — you must provide proof of liability insurance with this application in accordance with RCW 19.30.030(1)(d).*

Instrucciones para completar la solicitud de licencia de Contratista de Trabajadores Agrícolas

Las instrucciones detalladas para completar cada cuadro se enumeran a continuación. Si tiene alguna pregunta sobre cómo completar esta solicitud, contáctenos en: ESFarmLabor@Lni.wa.gov.

1. Tipo de solicitud:

Marque la casilla para una nueva licencia o para la renovación de su Licencia de Contratista de Trabajadores Agrícolas. Tenga en cuenta que los nuevos solicitantes solo pueden recibir una licencia de un año.

2. Servicios:

Marque la casilla de los servicios que realizará su empresa. Si elige "Solo reclutamiento", no marque ninguna otra casilla "NA."

3. Nombre completo del titular de la licencia:

Escriba el nombre legal del propietario del negocio y/o la persona de contacto comercial para el negocio que realiza esta solicitud. Todas las solicitudes deben tener un nombre de contacto e información de contacto. Escriba el nombre del contacto, el apellido, nombre y la inicial del segundo nombre.

4. Nombre de la empresa:

Escriba el nombre de su negocio. Esta información debe coincidir con el nombre de la empresa que aparece en su licencia comercial del estado de Washington.

5. Domicilio/Dirección de contacto:

Escriba la dirección donde podemos comunicarnos con la persona de contacto responsable de preparar y presentar esta solicitud.

6. Número de Teléfono:

Escriba el número de teléfono de la persona de contacto que preparó esta solicitud.

7. Número de Teléfono comercial:

Escriba el número de teléfono de la empresa/oficina.

8. Teléfono celular:

Escriba el número de teléfono celular de la persona que completó esta solicitud.

9. Dirección de correo electrónico:

Escriba la dirección de correo electrónico donde podemos comunicarnos con usted con preguntas relacionadas con esta solicitud.

10. Número UBI:

Escriba el identificador comercial uniformado para la empresa que prepara esta solicitud. Esta información debe coincidir con su licencia comercial del estado de Washington.

11. Número de cuenta de L&I:

Escriba su número de cuenta de L&I Seguro Industrial de su negocio.

12. Nombre de la Persona de Contacto:

Escriba el nombre de la persona responsable de presentar esta solicitud.

13. Número de teléfono de la Persona de Contacto:

Escriba el número de teléfono de la persona responsable de preparar/enviar esta solicitud.

14. Dirección de la Empresa:

Escriba la dirección física de la empresa como aparece en su licencia comercial.

15. Dirección postal de la Empresa:

Si es diferente de la dirección física, escriba la dirección postal de la empresa.

16. Tipo de negocio:

Marque la casilla correspondiente a su tipo de negocio.

17. — 40. Partes con Interés Financiero:

Escriba la información de todas las personas financieramente interesadas relacionadas con el negocio enumerado. Si se necesita más espacio, adjunte un documento separado con toda la información solicitada para cada socio. Si se incluye un documento independiente, marque la casilla junto a "Ver documentos adjuntos". Si se necesita más espacio, adjunte una hoja de papel separada.

40 (b). Solo para corporaciones:

Escriba el Estado donde se registra la corporación.

40 (c). Solo para corporaciones:

Escriba el año en que se estableció la corporación.

41. Número de empleados domésticos:

Marque la casilla correspondiente para el número total de empleados domésticos que tiene la intención de emplear este año.

42. — 43. Obtención de Empleados Domésticos:

Díganos cómo conseguirás empleados domésticos para su trabajo de contratación.

44. Deberes del trabajo:

Sea específico con el tipo de trabajo que realizarán sus empleados domésticos.

45. Número de empleados H-2A/H-2B:

Marque la casilla correspondiente para el número total de empleados agrícolas temporales H2A / H-2B que planea tener este año.

46. — 47. Obtención de empleados H-2A/H-2B:

Díganos cómo obtendrá empleados H-2A / H-2B.

48. Deberes laborales:

Sea específico con el tipo de trabajo que realizarán sus empleados H-2A/H-2B.

49. ¿Tenía licencia anteriormente?

Marque "Sí" o "No" para decirnos si tenía licencia de Contratista de Trabajadores Agrícolas el año pasado.

50. Cuántos empleados:

Si respondió "Sí" a las preguntas 41 y 45, escriba el número total de empleados que contrató el año calendario pasado. Si respondió "No" a las preguntas 41 y 45, escriba "NA" en este espacio y vaya a la pregunta 51.

51. Contratistas de Trabajadores Agrícolas suspendidos, revocados o denegados en otros estados:

Marque "Sí" o "No".

52. Estados en los que se le ha suspendido, revocado o denegado la licencia de Contratista de Trabajadores Agrícolas:

Si respondió "Sí" a la Pregunta 51, escriba el (los) estado(s) donde tuvo su licencia de Contratistas de Trabajo Agrícola suspendido, revocado o denegado. Si respondió "No" a la pregunta 51, escriba "NA" en este espacio y vaya a la pregunta 53.

53. ¿Tiene ahora o alguna vez ha tenido licencia para trabajar como Contratista de Trabajadores Agrícolas?

Marque "Sí" o "No".

54. Nombre a la(s) persona(s) y las fechas con licencia de Contratista de Trabajadores Agrícolas en otros estados.

Si respondió "Sí" a la pregunta 53, escriba la información para la persona y el estado en el que anteriormente tenía licencia como contratista de trabajadores agrícolas. Si respondió "No" a la pregunta 53, escriba "NA" en este espacio y vaya a la pregunta 55.

55. Pendiente acción administrativa:

Marque "Sí" o "No".

56. Situación actual de las acciones administrativas pendientes:

Si respondió "Sí" a la pregunta 55, indíquenos el estado actual o estas acciones administrativas. Si se

necesita más espacio, adjunte una hoja de papel separada con toda la información solicitada para cada acción administrativa. Si se incluye un documento independiente, marque la casilla junto a "Ver documentos adjuntos".

57. Declaración del vehículo motorizado:

Marque "Sí" o "No" para decirnos si planea usar un vehículo motorizado (automóvil, camioneta, camión, etc.) para llevar a cabo su negocio.

58. Transporte de trabajadores:

Díganos si transportará trabajadores en la operación de su negocio de Contratista de Trabajadores Agrícolas. Marque "Sí" o "No". En caso afirmativo, debe proporcionar prueba de seguro de responsabilidad civil para automóviles con esta solicitud de acuerdo con RCW 19.30.030 (1) (d).