



Washington State Department of
Labor & Industries

Farm Labor Contractor Packet

October 2023

Farm Labor Contractor License Application/Renewal Packet Instructions

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

You have received this packet because:

- You're applying for a new Farm Labor Contractor's License **OR**
- You need to renew your Farm Labor Contractor's License before the end of the year.

Complete and return the required documents in one packet:

1. **Application or Renewal for Farm Labor Contractor License form (F700-014-000).** Complete and sign this application form.
2. **Attach a complete list of your agents and subcontractors who will be performing farm labor contracting activities under your license.** Include agent/subcontractor's name, address, and telephone number.
3. **Please make sure that all documents provided have the business name written exactly as how it is written on the Application or Renewal for Farm Labor Contractor License form (F700-014-000).**
4. **Application/Renewal fee.** See the fees below. New applicants are eligible for a one-year license. License renewals are eligible for two-year licenses, and **the fee doubles for a two-year period.**

Services	One-year license	Two-year license
General farm labor contractors	\$35.00	\$70.00
Forestation/reforestation contractors	\$100.00	\$200.00
Both general farm labor and forestation/reforestation	\$135.00	\$270.00

5. **Tax Compliance Certificate forms.** Complete the forms in this section and **email** them to each corresponding agency for approval. Please follow the instructions listed on the forms.
 - Department of Revenue Tax Compliance Certification (F700-100-000)
Email: DORcomptaxcerts@dor.wa.gov
 - Department of Employment Security Tax Compliance Certification (F700-099-000)
Email: PublicWorks@esd.wa.gov
6. **Surety bond paperwork.** Include one of the following.
 - **New applicants** must send us either:
 - The **original signed and notarized surety** bond/completed Farm Labor Contractor's Bond form (F700-066-000) **OR**
 - An **original** Farm Labor Contractor Assignment of Account or Time Deposit form (F700-060-000). You must have the form completed, signed and notarized by the bank or credit union personnel and notary.

Continue to next page

- **Renewal applicants** must send us either:
 - An **original signed and notarized surety** bond/completed Farm Labor Contractor’s Bond form (F700-066-000) **OR**
 - An official surety bond continuation certificate (this may be a copy) with a copy of the previously submitted surety bond. **This is applicable even if you have a continuous bond. OR**
 - **Please note:** L&I only needs a new **original** Farm Labor Contractor Assignment of Account or Time Deposit form if the name, address, or phone number of the bank changed. Otherwise, a copy is sufficient.
 - The surety bond or Assignment of Account will be **double** in amount for renewal licenses that are valid for a **two-year period**.

Amount of Surety Bond or Assignment of Account for 1-year period	
1-10 employees:	\$5,000
11-50 employees:	\$10,000
51-100 employees:	\$15,000
101 or more employees:	\$20,000

Amount of Surety Bond or Assignment of Account for 2-year period:	
1-10 employees:	\$10,000
11-50 employees:	\$20,000
51-100 employees:	\$30,000
101 or more employees:	\$40,000

- Please make sure your surety bond or Assignment of Account covers the **total** number of workers you will have in one or two calendar years..

7. **Proof of auto liability insurance if you transport your workers.** We need proof of current auto liability coverage showing at least three minimum coverage amounts required by law **and** the make, model, and license plate number of all insured vehicles you will use to transport workers.

Please note: Incomplete license application/renewal packets will not be processed. When preparing your packet, check to make sure you have completed all the required fields and enclosed **all** required items.

Send the entire application packet both electronically to ESFarmLabor@Lni.wa.gov and physically to the mailing address below. It is recommended to email a high quality scan of the application packet immediately before mailing it to our office. Please do not staple the documents.

Washington State Department of Labor & Industries
 Attn: Farm Labor Unit
 Employment Standards
 PO Box 44510
 Olympia WA 98504-4510

End of year, renewal applicants ensure continuous coverage.

Send your completed application/renewal packet in before November 30, 2023. This will allow time for processing before January 1, 2024.

The application packet is updated each year; we will only accept the updated format.

Questions?

If you have any questions, please email ESFarmLabor@Lni.wa.gov or call 360-902-5316 or toll-free at 1-866-219-7321.

Please mail all required documents in one packet to avoid any delays. All application packets are processed in the order they are received.

Solicitud para licencia de contratista de trabajadores agrícolas/Instrucciones del paquete de renovación

Importante: Lea cuidadosamente ya que no se procesará su paquete si está incompleto.

Ha recibido este paquete porque:

- Está solicitando una nueva licencia de contratista de trabajadores agrícolas, o
- Debe renovar su licencia de contratista de trabajadores agrícolas antes de que finalice el año.

Complete y devuelva los documentos requeridos en un solo paquete:

1. **Formulario de Solicitud o Renovación de la Licencia de Contratista de Trabajadores Agrícolas (F700-014-000).** Complete y firme este formulario de solicitud.
2. **Adjunte una lista completa de sus agentes y subcontratistas que realizarán actividades como contratistas de trabajadores agrícolas bajo su licencia.** Incluya el nombre, dirección y número de teléfono del agente/subcontratista.
3. **Asegúrese de que todos los documentos proporcionados tengan el nombre del negocio escrito exactamente como está escrito en el formulario (F700-014-000).**
4. **Cuota de solicitud/renovación.** Vea las tarifas a continuación. Nuevos solicitantes solo pueden obtener una licencia de un año. Se puede renovar la licencia por dos años. **La cantidad será el doble si envían una solicitud de renovación por dos años.**

Servicios	Licencia de 1 año	Licencia de 2 años
Contratistas generales de trabajadores agrícolas	\$35.00	\$70.00
Contratistas de forestación/reforestación	\$100.00	\$200.00
Contratistas generales de trabajadores agrícolas y de forestación/reforestación	\$135.00	\$270.00

5. **Formularios de Certificados de Cumplimiento Tributario.** Complete los formularios en esta sección y envíelos por **correo electrónico** a cada agencia correspondiente para su aprobación. Por favor, siga las instrucciones escritas en los formularios.
 - Certificado de Cumplimiento Tributario del Departamento de Impuestos (F700-100-000)
Correo electrónico: DORComptaxcerts@dor.wa.gov
 - Certificado de Cumplimiento Tributario del Departamento para la Seguridad del Empleo (F700-099-000)
Correo electrónico: PublicWorks@esd.wa.gov

Incluya los dos formularios enumerados anteriormente en su paquete una vez que la agencia correspondiente los haya procesado y se los haya devuelto.

6. **Trámites de garantía.** Incluya **uno** de los documentos siguientes.

Continúe a la siguiente página

- **Los nuevos solicitantes** deben enviar:
 - La fianza de garantía **original firmada y notariada**, Formulario de contratista de trabajadores agrícolas completo (F700-066-000), o
 - Un formulario **original** de Asignación de Cuenta o Depósito a plazo de contratista de trabajadores agrícolas (F700-060-000). Usted debe tener el formulario completado, firmado y notariado por el personal del banco o cooperativa de crédito.
- **Los solicitantes de renovación** deben enviar:
 - Una fianza de garantía **original firmada y notariada**, Formulario de contratista de trabajadores agrícolas completo con firmas y sello (F700-066-000),
 - Un certificado de continuación de fianza de garantía (este puede ser una copia) junto a la fianza de garantía previamente entregada. **Esto se aplica incluso si tiene una fianza de garantía continua, o**
 - Solo necesitamos un nuevo formulario **original** de Asignación de Cuenta o Depósito a plazo para contratista de trabajadores agrícolas, si el nombre, la dirección o el número de teléfono de su banco han cambiado, de lo contrario una copia es suficiente.
 - **La fianza de garantía o asignación de cuenta será el doble en cantidad para las licencias de renovación que sean válidas por un período de dos años.**

Monto de la fianza de garantía o asignación de cuenta por un período de 1 año	
1-10 empleados:	\$5,000
11-50 empleados:	\$10,000
51-100 empleados:	\$15,000
101 o más empleados:	\$20,000

Monto de la fianza de garantía o asignación de cuenta por un período de 2 años	
1-10 empleados:	\$10,000
11-50 empleados:	\$20,000
51-100 empleados:	\$30,000
101 o más empleados:	\$40,000

- Asegúrese de que su fianza de garantía o el monto de la asignación de cuenta cubran el número **total** de trabajadores que tendrá en un año calendario y / o que el monto sea suficiente para cubrir las renovaciones de licencia de dos años.

7. **Comprobante de seguro de responsabilidad civil para vehículos si transporta a sus trabajadores.** Necesitamos un comprobante de la cobertura actual de responsabilidad civil que muestre al menos tres montos mínimos de cobertura exigidos por la ley y la marca, modelo y número de placa de todos los vehículos asegurados que utilizará para transportar trabajadores.

No se procesarán los paquetes de renovación/solicitud de licencia incompletos. Al preparar su paquete, verifique que haya completado **todos** los campos obligatorios y que haya proporcionado una respuesta a todas las preguntas en la solicitud y adjuntado todos los documentos requeridos.

Continúe a la siguiente página

Envíe el paquete de solicitud completo tanto electrónicamente a ESFarmLabor@Lni.wa.gov y físicamente a la dirección postal que se indica abajo. Se recomienda enviar una copia escaneada del paquete de solicitud a nuestro correo electrónico antes de enviarlo por correo postal a nuestra oficina. Por favor, no grape los documentos.

Washington State Department of Labor and Industries
Attn: Farm Labor Unit
Employment Standards
PO Box 44510
Olympia WA 98504-4510

Fin de año, los solicitantes de renovación pueden asegurar una cobertura continua.

Envíe su paquete de solicitud/renovación completado antes del 30 de noviembre de 2023. Eso nos dará tiempo suficiente para procesar la solicitud antes del 1 de enero de 2024.

El paquete de solicitud se actualiza cada año, solo aceptaremos el formato actualizado.

¿Preguntas?

Si tiene alguna pregunta envíe un correo electrónico a ESFarmLabor@Lni.wa.gov o llame al 360-902-5316 o al número gratuito 1-866-219-7321.

Por favor, envíe por correo postal todos los documentos requeridos en un paquete. Las solicitudes se procesan en el orden que se hayan sido recibidas.

Continúe a la siguiente página

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
-------------------------------	--------------------------

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, crops, 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, crops, and duties** your H-2A / H-2B employees will perform.

49. How many **total** workers (domestic and H-2A/H-2B) do you plan to have this calendar year? List amounts and type of worker(s).

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

52. 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

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

54. 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

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

56. 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

57. 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.

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

Yes No

59. 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 contractor 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, please email ESFarmLabor@Lni.wa.gov or call 360-902-5316 or toll-free at 1-866-219-7321.

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 Name:

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

5. Home Address:

Write the address where we can reach the license holder.

6. Home Phone Number:

Write the home phone number for the license holder.

7. Business Phone Number:

Write the business/office phone number.

8. Cell Phone Number:

Write the cell phone number for the license holder.

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 farm labor contracting work.

44. Job Duties:

Be specific with the type of work your domestic employees will perform (i.e. crops, thinning, picking, planting, etc.).

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

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 (i.e. crops, thinning, picking, planting, etc.).

49. How many workers total (H-2A / H-2B) do you plan to have this calendar year?

Write the **total** number of employees you plan to have this calendar year counting domestic **and/or** H-2A/H-2B employees.

50. Were You Licensed Previously?

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

51. How Many Employees:

If you answer “Yes” to Questions 41 and 45, write the total number of employees you hired last calendar year (e.g. domestic, H-2A/H-2B). If you answered “No” to Questions 41 and 45, write “NA” in this space and go to Question 51.

52. Farm Labor Contractor License Suspended, Revoked, or Denied in Other States:

Check “Yes” or “No”.

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

If you answered “Yes” to Question 52 write the state(s) where you had your Farm Labor Contractors licensed suspended, revoked, or denied. If you answered “No” to Question 52, write “NA” in this space and go to Question 54.

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

Check “Yes” or “No”.

55. Name the person(s) and the dates licensed as a Farm Labor Contractor in other states. If you answered “Yes” to Question 54, 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 54, write “NA” in this space and go to Question 50.

56. Pending Administrative Action:

Check “Yes” or “No”.

57. Current Status of Pending Administrative Actions:

If you answered “Yes” to Question 56, tell us the current status or 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.”

58. 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.

59. 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 por correo electrónico a ESFarmLabor@Lni.wa.gov o llame al 360-902-5316 o al número gratuito 1-866-219-7321.

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.

3. Nombre completo del titular de la licencia:

Escriba el nombre legal del propietario de la empresa y/o la persona de contacto del. Todas las solicitudes deben tener un nombre de titular de la licencia e información detallada de contacto. Escriba 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. Dirección de domicilio del titular de la licencia:

Escriba la dirección donde podemos comunicarnos con el titular de la licencia.

6. Número de Teléfono:

Escriba el número de teléfono del titular de la licencia.

7. Número de Teléfono comercial:

Escriba el número de teléfono de la empresa/oficina.

8. Teléfono celular:

Escriba el número de teléfono celular del titular de la licencia..

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 Seguro Industrial (L&I "industrial insurance") 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..

16. Tipo de negocio:

Marque la casilla correspondiente a su tipo de negocio.

17. — 40. Personas con Interés Financiero:

Escriba la información de todas las personas que tengan interés financiero en la empresa.. 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 conseguirá empleados domésticos para su trabajo de contratista de trabajadores agrícolas .

44. Deberes del trabajo:

Sea específico con el tipo de trabajo que realizarán sus empleados domésticos, por ejemplo recolectar, cortar, plantar, etc.

45. Número de empleados H-2A/H-2B:

Marque la casilla correspondiente para el número total de empleados agrícolas temporales H-2A / 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, por ejemplo recolectar, cortar, plantar.

49. ¿Cuántos trabajadores en total (domésticos y H-2A/H-2B) planea tener este año calendario?

Escriba el número **total** de empleados (domésticos y H-2A/H-2B) que planea tener el próximo año calendario.

50. ¿Tenía licencia anteriormente?

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

51. Cuántos empleados:

Si respondió "Sí" a las preguntas 41 y 45, escriba el número **total** de empleados(domésticos y H-2A/H-2B) 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 53.

52. Licencia de Contratista de Trabajadores Agrícolas suspendida, revocada o denegada en otros estados:

Marque "Sí" o "No".

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

Si respondió "Sí" a la Pregunta 52, escriba el (los) estado(s) donde tuvo su licencia de Contratistas de Trabajo Agrícola suspendido, revocado o denegado. Si respondió "No" a la pregunta 52, escriba "NA" en este espacio y vaya a la pregunta 54.

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

Marque "Sí" o "No".

55. 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 54, escriba la información de la persona y el estado en el que anteriormente

tenía licencia como contratista de trabajadores agrícolas. Si respondió "No" a la pregunta 54, escriba "NA" en este espacio y vaya a la pregunta 56.

56. Pendiente procedimiento legal:

Marque "Sí" o "No".

57. Situación actual del procedimiento legal pendiente:

Si respondió "Sí" a la pregunta 56, indique el estado actual de este procedimiento legal. Si se necesita más espacio, adjunte una hoja de papel separada con toda la información solicitada para cada procedimiento legal. Si se incluye un documento independiente, marque la casilla junto a "Ver documentos adjuntos".

58. 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.

59. 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).



Employment Security Department Tax Compliance Certification For Registered Farm Labor Contractors

Farm Labor Unit
PO Box 44510
Olympia WA 98504-4510

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

Business Name	Employer Identification Number (EIN)				
DBA (Doing Business As), if applicable	Type of Business [Mark one box and list Social Security Number or Tax ID Number] Sole Proprietor <input type="checkbox"/> _____ Partnership <input type="checkbox"/> _____ Corporation <input type="checkbox"/> _____ Other (Specify) <input type="checkbox"/> _____ _____				
Address [List Street/PO Box, City, State, Zip Code]					
Master Business License Unified Business Identifier Number (UBI):					
Contact Name	Daytime Phone Number				
Contact Title	Email Address				
U.S. Department of Labor (USDOL) Information					
Do you have a federal Farm Labor Contractor License? <input type="checkbox"/> Yes <input type="checkbox"/> No	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">If "Yes", what is your license number?</td> <td style="border: none;">Expiration Date</td> </tr> <tr> <td style="border: none; height: 20px;"> </td> <td style="border: none; height: 20px;"> </td> </tr> </table>	If "Yes", what is your license number?	Expiration Date		
If "Yes", what is your license number?	Expiration Date				

This section to be completed in full by ESD staff only.		
Employment Security Department (ESD) Certification		
Mark one box and enter information then sign and date form.		
<input type="checkbox"/> In Compliance	Taxes current through: _____	_____
	Month	Day
		Year
<input type="checkbox"/> Not In Compliance		
Signature of ESD Certifying Official: _____	Date: _____	
Print Name of ESD Certifying Official: _____		
Title of ESD Certifying Office: _____		

This form will only be certified by **emailing** the EMPLOYMENT SECURITY DEPARTMENT with the contact information listed below. When emailing, please include a request asking that the certified form be returned directly to you in an email. Upon certification by ESD, submit this form in your Farm Labor Contractor license application packet, which you will submit to the Department of Labor & Industries via email and physical address listed at the top of this form.

Please **do not fax or mail** documents to the Employment Security Department.

Address: Employment Security Department ATTN: Public Works/Farm Labor UI Tax Administration PO Box 9046 Olympia WA 98504-4049	Email: PublicWorks@esd.wa.gov
--	--



Farm Labor Contractor's Bond

Farm Labor Unit
PO Box 44510
Olympia WA 98504-4510

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

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS: That we _____

as Principal, and _____, a corporation organized and existing under the laws of the State of _____ and authorized to transact surety business in the State of Washington, as Surety, are held and firmly

bound unto the STATE OF WASHINGTON in the penal sum of _____ (\$ _____) DOLLARS, lawful money of the United States of America to be paid to the State of Washington, for payment of which sum, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SEALED WITH OUR SEALS, and DATED this _____ day of _____, 20 _____.

WHEREAS, the above bounden principal has made application to the State Department of Labor and Industries for a license to act as a Farm Labor Contractor in the State of Washington for year ending December 31, 20 _____, in accordance with the provisions of Chapter 392 of the Laws of 1955 and RCW 19.30, each amended by Laws of 1985, Chapter 28, Laws of 1986, Chapter 107, and the Laws of 1987, Chapter 216, is required pursuant to the provisions of said law to furnish a bond in the

Penal sum of _____ (\$ _____) DOLLARS, Conditioned as required by said law.

KNOWN, THEREFORE, the conditions of this obligation is such that if the Principal shall fully comply with the provision of Chapter 392 of the Laws of 1955 and RCW 19.30, each amended by Laws of 1985, Chapter 28, Laws of 1986, Chapter 107, and Laws of 1987, Chapter 216, hereinafter called the Act, and any and all rules and regulations promulgated in accordance with the provisions of the Act, and be conditioned on payment of sums legally owing under contract to an agricultural employee, then this obligation shall be null and void; otherwise, it shall remain in full force and effect. The aggregate liability of the surety upon such bond for all claims that may arise thereunder shall not exceed the face amount of the bond.

This obligation is applicable to the license period commencing _____ 20 _____ and ending December 31, 20 _____, and shall be irrevocable during this period.

IN WITNESS OF THIS CONTRACT, The Principal and Surety have affixed their hands and seals this _____ day of _____, 20 _____

Principal's Name (FLC License Holder's Name)

Surety Name

Signature: _____

Signature: _____



Farm Labor Contractor Assignment of Account or Time Deposit

Farm Labor Unit
 PO Box 44510 www.Lni.wa.gov/FarmLabor
 Olympia WA 98504-4510 1-866-219-7321 / 360-902-5316

This assignment is for the purpose of fulfilling the requirements of [RCW 19.30.040](#). The undersigned does assign, transfer, and set over unto the State of Washington all rights, title, and interest in and to \$ _____ (_____ thousand and no/100 dollars) of account number _____ in the

_____ in the name of _____
 (Bank Name) (Assignor)

with full power and authority to demand, collect, and receive said deposit and to give receipt and release for the uses of purposes prescribed by said [RCW 19.30.040](#).

It is understood and agreed that _____ holds this savings
 (Bank Name)
 account or time deposit in its possession and agrees to hold \$ _____ until a release of this assignment is received from the State of Washington. It is further understood that this assignment is subject to judgements which may be rendered against _____

in accordance with the provisions of [RCW 19.30](#). The deposit will be released to the State of Washington after 30 days notice on demand with no other condition of release.

Signed and date at _____, Washington this _____ day
 of _____, 20 _____.

To be completed in front of a Notary Public

Print Name of Depositor		Signature of Depositor	
Address of Depositor			
City	State	Zip Code	

Acceptance (to be completed by bank personnel)

The undersigned accepts the foregoing assignment of account or time deposit and agrees to hold the funds until an authorized release is received from the State of Washington.

Account Number	In the Amount of \$ _____	Date
Print Name of Authorized Bank Personnel		Signature of Authorized Bank Personnel
Address of Bank		Bank Phone Number
City	State	Zip Code

Notary Seal

Subscribed and sworn to before me on this date:	My Commission expires
Notary Public Signature	Residing at: