



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
Fax: 360-902-5300

1. Type of Application <input type="checkbox"/> New License <input type="checkbox"/> Renewal		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. Applicant's Full Legal Name (First, Middle Initial, Last, Suffix)			
4. List Any Other Names Used			

Important: Any changes in addresses 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. Name of Business (Corporate and Assumed Business Name)				
13. Business Address (Physical Location)		City	State	Zip Code
14. Business Mailing Address (If Different from Above)		City	State	Zip Code
15. 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 Proprietor)				

If a partnership, list the names, home and business addresses of each partner. Attach additional pages if needed.

16. Partner Name		17. Phone Number		
18. Home Address		City	State	Zip Code
19. Business Address		City	State	Zip Code

20. Partner Name		21. Phone Number		
22. Home Address		City	State	Zip Code
23. Business Address		City	State	Zip Code

24. Partner Name		25. Phone Number		
26. Home Address		City	State	Zip Code
27. Business Address		City	State	Zip Code

For corporations only: Attach a copy of Certification of Incorporation

27(b). State of Incorporation	27(c). Date Incorporated
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List all persons financially interested, either as partner, stockholders, associates, profit sharers, or providers of 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. **Attach additional pages if needed.**

28. Name	29. Phone Number	30. Amount of Interest
31. Home Address	City	State Zip Code

32. Name	33. Phone Number	34. Amount of Interest
35. Home Address	City	State Zip Code

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

See attached documents.

40. How many domestic employees do you plan to employ this year? <input type="checkbox"/> 1 — 10 <input type="checkbox"/> 11 — 50 <input type="checkbox"/> 51 — 100 <input type="checkbox"/> 100+
41. How many H-2A temporary agricultural employees do you plan to employ this year? <input type="checkbox"/> 1 — 10 <input type="checkbox"/> 11 — 50 <input type="checkbox"/> 51 — 100 <input type="checkbox"/> 100+
42. Describe in detail how and where you intend to obtain your domestic and/or H-2A employees, who will help you with this process, and the type of work you intend to perform:

43. Were you licensed as a Farm Labor Contractor in Washington last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	44. If "Yes", how many workers did you employ?
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45. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
46. If "Yes", give the name of the person, the state or federal agency involved, and the date of suspension, revocation, or denial.

47. 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No
48. If "Yes", name the person(s) and the dates licensed.

49. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
50. 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.

51. Do you intend to use any motor vehicle in the conduct of your farm labor contracting activities? <input type="checkbox"/> Yes <input type="checkbox"/> No
52. If "Yes", will the vehicle(s) be used to transport workers? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If the answer is "Yes", make sure you submit proof of auto-liability insurance and the list of insured vehicles with your packet.</i>

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For each vehicle to be used, complete the following and supply evidence to prove liability coverage. If more space is needed, attach additional pages.

53. Name of Insurance Company		
54. Company's Address	City	State Zip Code
55. Business Name of Insurance Agent		
56. Agent's Business Address	City	State Zip Code
57. Agent's Business Phone Number	58. Policy Number	59. 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 (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 Contractor

Contractor'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.

- Application/Renewal Form
- Department of Employment Security Tax Compliance Certification (signed & approved by ESD)
- License Fee
- Proof of Auto Liability Insurance and list of vehicles (if applicable)
- Department of Revenue Tax Compliance Certification (signed & approved by DOR)
- Proof of Surety (bond or assignment of account)
- Copies of completed Internal Revenue Service (IRS) form as submitted to the IRS with Form 8821.

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: ESGeneral@Lni.wa.gov.

1. Type of Application:

Check the box for a new license or for a renewal of your Farm Labor Contractors 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. Applicant'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. Other Names:

List any other names the applicant or contact person may have used or is currently using.

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. Business Name:

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

13. Business Address:

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

14. Mailing Address:

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

15. Type of Business:

Check the appropriate box for your type of business.

16. —27.

If your business is a partnership, write the information requested for each partner involved in spaces 16 — 27. If more space is needed, attach a separate sheet of paper

27(b). For Corporations Only:

Write the State where the corporation is recorded.

27 (c). For Corporations Only:

Write the year when the corporation was established.

28. —39. Financially Interested Parties:

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

40. Number of Employees:

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

41. H2A Workers:

Check the appropriate box for the total number of H2A temporary agricultural employees you plan to hire this year.

42. Obtaining Employees:

Tell us how you will get employees for your contracting work. Be specific with the nature of domestic and/or H-2A temporary agricultural workers who will engage in your business practice.

43. Were You Licensed Previously?

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

44. How Many Employees:

If you answered "Yes" to Question 43, write the number of employees you hired last year. If you answered "No" to Question 43, write "NA" in this space and go to Question 45.

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

Check "Yes" or "No".

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

If you answered "Yes" to Question 45, write the state(s) where you had your Farm Labor Contractors licensed suspended, revoked, or denied. If you answered "No" to Question 45, write "NA" in this space and go to Question 47.

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

Check "Yes" or "No".

48. Name the person(s) and the dates licensed as a Farm Labor Contractor in other states. If you answered "Yes" to Question 47, 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 47, write "NA" in this space and go to Question 49.

49. Pending Administrative Action:

Check "Yes" or "No".

50. Current Status of Pending Administrative Actions:

If you answered "Yes" to Question 49, 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."

51. 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.

52. 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).*

53. —56. Vehicle Liability Insurance Information:

Write the information about your vehicle liability insurance including the name of the insurance company, the name and address of the agent, and the list of vehicles.

57. Agent's Business Phone Number:

Write the contact telephone number for the vehicle Insurance Agent.

58. Policy Number:

Write your vehicle liability Insurance policy number in this space.

59. Amount of Coverage:

Tell us the amount of vehicle liability insurance coverage on your policy.