

FARM LABOR CONTRACTOR'S LICENSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY. EACH AND EVERY QUESTION MUST BE ANSWERED, OR YOUR APPLICATION WILL BE RETURNED TO YOU AS INCOMPLETE.

1.	APPLYING FOR: (Check one)	2. <u>FEE ENCL</u>	DSED: (Check one)		
	 NEW LICENSE (\$250) LICENSE RENEWAL (\$250) 	_	YES NO		
3.	TYPE OF BUSINESS ENTITY:	(Check one)			
	 Sole Proprietor Corporation Limited Liability Company 	-	_ individuals rtnership of individu	als	
<u>AF</u>	PLICANT INFORMATION				
	4. Applicant's Name:	(First)	(Middle)	(Last)	
	5. Home Addre <u>ss:</u>		(Street)		
		(City)	(County)	(State)	(ZIP)
	6. Home Phone: ()		7. Date of Birth:		
8.	Social Security Number:				
E	Email Address:				
<u>Bl</u>	JSINESS INFORMATION				
9.	Business Name:				
10	If no business name, check h D. Business Address (if different				
			(Street)		
		(City)	(County)	(State)	(ZIP)
11	. Business Phone: ()		12. FAX (if applicable):	()	
13	3. Mailing Address (if different t	han #5 or #10):	(Street))	
		(City)	(County)	(State)	(ZIP)

14. Idaho Address (<u>Required</u> if out of state applicant):

		(Street)	
(City)	(County)	(State)	(ZIP)
15. List any and all other addresses and telephone numbers space is needed, attach information on additional sheet.) (Addresses)		ding cell phone and pag (Telephone Nur	-
16. Federal Employer ID Number:			
17. State Unemployment Insurance Account Number ("SUI"):			
18. What percentage of the company or business do you ow	n?	%	
19. List full names, addresses, and telephone numbers of all shareholders, profit-sharers, associates or members in t contractor, together with the amount or percentage of the <u>financial interest</u> , <u>check box below</u> . (If more space is needed)	he applicant e respective	's proposed operations interest of each. <u>If no e</u>	as a labor other persons have a
#1		#2	
Name			
Street Address			
City, State, Zip			
Percentage of Interest			
\square NO OTHER PERSONS HAVE A FINANCIAL INTEREST			
20. Have you or any of the individuals listed above ever had	a farm labor	contractor's license wi	nich has been
denied, revoked or suspended? (Check one)			
YES (If yes, attach details)			
 21. Are you a defendant in any court actions or administrative YES (If yes, attach details) NO 	e proceedin	gS? (Check one)	
 22. Are there any judgments or administrative orders of reco YES (If yes, attach details) NO 	ord against y	DU? (Check one)	

23. Do you provide, or will you provide	e, housing for your workers? (Check one)
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YES (If yes, attach details, e.g., camp, motel, house, etc.)
□ NO

VEHICLE INFORMATION (If applying for an employee endorsement, it is not necessary to complete this section.)
 24. Will you be using vehicles in the operation of this farm labor contracting business? (Check one) YES (If yes, you <u>must complete and submit the enclosed vehicle information sheet and provide a certificate of insurance for each and every vehicle used to transport workers with this application.)</u> NO
 25. Will any vehicles be used to transport workers?* (Check one) YES (If yes, you must complete and submit the enclosed vehicle information sheet and provide a certificate of insurance for each and every vehicle used to transport workers with this application.) NO
 26. Vehicle information sheet submission (Check one) Vehicle information sheet enclosed Not applicable/vehicle information sheet not required
 27. Certificate of insurance for vehicle(s) (Check one) Certificate(s) of insurance enclosed Not applicable-vehicles not used in farm labor contracting activities *Note: Any additional vehicles acquired during the course of the license year must be reported and applicable insurance
CERTIFICATE OF WORKERS' COMPENSATION COVERAGE (If applying for an employee endorsement it is not
necessary to complete this section.) 28. Workers' compensation certificate of insurance enclosed Not applicable
PROOF OF FINANCIAL RESPONSIBILITY INFORMATION (If applying for an employee endorsement it is not necessary to complete this section.)
 29. What is the maximum number of employees you intend to employ at any time during the next calendar year (Jan. 1 – Dec. 31) covered by your license? (Check one) 0 - 20 employees (\$10,000 bond or equivalent required) 21 or more employees (\$30,000 bond or equivalent required)

NOTARIZED STATEMENT

As an applicant for a farm labor contractor's license, I state on oath that:

1. The information provided on pages 1-3 is true and correct;

2. I will provide written notification to the Wage and Hour Section of the Idaho Department of Labor of any changes in circumstances pertaining to the information provided in this application;

3. I will at all times conduct the business of a farm labor contractor in accordance with all applicable laws of the state of Idaho and rules of the Idaho Department of Labor;

4. With regards to any action filed against me concerning my activities as a farm labor contractor, I appoint the Director of the Idaho Department of Labor as my lawful agent to accept service of summons when I am not present in the jurisdiction in which such action is commenced or have in any other way become unavailable to accept service.

THIS FORM MUST BE NOTARIZED. Please sign this form only in the presence of a notary public.

Applicant's Signature and Title

Date Signed

SUBSCRIBED AND SWORN TO before me this _____ day of _____.

Notary Public Residing at: _____ My commission expires _____

MAIL COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTATION TO:

FLC Licensing Coordinator Idaho Department of Labor 4514 Thomas Jefferson St. Caldwell, ID 83605 (208) 332-3579

