RENEWAL APPLICATION FOR FARM LABOR CONTRACTOR LICENSE

AN INCOMPLETE APPLICATION, INCLUDING INCOMPLETE SUBMISSION OF REQUIRED SUPPORTING DOCUMENTATION, WILL DELAY THE ISSUANCE OF YOUR LICENSE. TO AVOID A LAPSE IN THE EFFECTIVE DATE OF YOUR LICENSE, PLEASE RETURN YOUR RENEWAL APPLICATION PACKAGE, WITH FEES AND DOCUMENTATION, AT LEAST 60 DAYS PRIOR TO THE EXPIRATION OF YOUR LICENSE.

Instructions:

1.) Pursuant to Labor Code section 1684(a)(1), please read attached requirements and/or renewal letter and each question on the application form carefully. If a question does not to apply to you, put "NA" (for "Not Applicable") on the application form for that question. If you require additional space to answer a question, attach additional sheet(s) as necessary.

2.) Always put your license number on all correspondence mailed to this office.

3.) Be sure the application is signed and executed by the sole proprietor, all partners, or, if the business is a corporation or limited liability, by any authorized officer or member (whichever is applicable based on the type of business entity). The officer's corporate title must be shown after his or her signature.

4.) You must participate in at least nine hours of relevant education classes for each license period pursuant to the provisions of Labor Code section 1684(b)(2).

5.) A written examination may be required pursuant to the terms of Labor Code sections 1684(a)(5) and 1684(c). A copy of a valid driver's license or other legal photo identification of each person taking the exam is required.

Submit the application with required fees to:

For Counties of Kern, Tulare, Fresno, Merced, Kings and Madera:

Department of Industrial Relations
Division of Labor Standards Enforcement
Licensing and Registration
770 East Shaw Ave., Ste. 222
Fresno, CA 93710
559-248-1893

All Other Counties:

Department of Industrial Relations
Division of Labor Standards Enforcement
Licensing and Registration
1515 Clay Street, Suite 401
Oakland, CA 94612
Tel (510) 285-3399 Fax (510) 286-1366

REQUIREMENTS

The items and documentation on the following list must be provided in order to complete the processing of your application (see Title 8, California Code of Regulations, section 13661). Where copies of documents are requested, legible copies must be provided.

1. **Application fee** pursuant to Labor Code section 1684(a)(4) and an **examination fee** pursuant to Labor Code section 1684(b)(1). For a renewal applicant, you must remit $600 (annual license fee), plus a $10 filing fee, and an additional $184 if an exam is required pursuant to the terms of Labor Code sections 1684(a)(5) and 1684(c) no later than 60 days before the expiration of the current license. If the renewal application is received timely (60 days or more prior to the expiration date of current FLC license), the $10 filing fee is not required.

The DLSE Licensing & Registration Unit offers online payment of fees by accessing http://www.dir.ca.gov/dlse/DLSE_Online_Payment.html. You either pay by Electronic Funds Transfer (EFT) with no service fee or by credit card and you will be linked to the third party provider OfficialPayment.com. Payments may be made using your Visa, American Express, Discover and MasterCard credit cards. OfficialPayments.com charges a convenience fee to use its service to make a payment. This fee is separate and distinct from the primary obligation that you are paying. The convenience fee is included in the "Total Payment Amount" line. You will receive an electronic receipt for payments made. Please be sure to print out your receipt as we will not be able to provide a duplicate receipt.
If you do not wish to make your payment using a credit card, you will be required to submit your payment via certified check, cashier's check, or money order made payable to Division of Labor Standards Enforcement.

2. **Live scan fingerprint images** pursuant to Labor Code section 1684(a)(2), for sole proprietor, all partners, all corporate officers and each member of a limited liability company. See Attorney General's website at http://oag.ca.gov/fingerprints/applicants for listing of live scan locations. (***Only if management has changed since your previous application.)***

3. **Two (2) current passport photos** pursuant to Labor Code section 1687(a)(5), for sole proprietor, all partners, one member of the limited liability company and one corporate officer of the corporation. Write the name of the person on the back of the photo.

4. **An original Farm Labor Contractor Bond (DLSE 402),** pursuant to Labor Code section 1684(a)(3). ***(Only if changes only to gross annual payroll for all employees or to surety since your previous application.)***

5. **Copy of Articles of Incorporation/ Copy of Articles of Organization** filed with California Secretary of State. ***(Only if change of corporate officers of corporation or members of LLC since your previous application.)***

6. **Copy of Statement of Information** filed with California Secretary of State listing all LLC members or corporate officers. ***(Only if change of corporate officers of corporation or members of LLC since your previous application)***

7. **Copy of driver's license** for: (a) any person taking the required examination (other legal photo identification is acceptable); (b) the individual owner, partners, corporate officers, or LLC members, as applicable; and (c) any person who operates a farm labor vehicle (if applicable). ***(Only if change since your previous application.)***

8. **A copy of your last year's payroll tax filing** with California EDD (DE-9, DE-9C, and DE-9ADJ, if applicable).

9. Acknowledgment that applicant has submitted **IRS Form 8821** to the Internal Revenue Service. For further information contact IRS Taxpayer Hotline: 801-620-2400; fax 855-235-8843).

10. (a) A copy of a **federal Certificate of Registration** card issued by the U.S. Department of Labor for the applicant, if the applicant or any individual employed to recruit, solicit, hire, furnish, employ or transport agricultural workers is required to register under federal law. ***(See Application Question#10)***

(b) A copy of each **federal Certificate of Registration** issued by the Department of Labor for any employee of the applicant if the employee is required to register under the Migrant and Seasonal Worker Protection Act (29 U.S.C. section 1801 et seq.)

11. A copy of most recent **registration with the agricultural commissioner** for each county in which you have contracted with a grower. ***(See Application Question #13)***

12. **Certificate of Workers' Compensation Insurance** pursuant to Labor Code section 3700, or a certificate of self-insurance issued to the applicant or a valid contract evidencing that a third party will provide insurance. This certificate and/or documentation shall contain the name of the legal entity, dba name(s), if any, complete, current, and correct physical business address of insured; effective and expiration dates of the policy, amount of coverage, and policy or certificate number.

13. Pursuant to Labor Code sections 1695(a)(6) and 1696.4(a), if the applicant will transport his/her employees and/or intends to provide transportation for farm laborers who are not the applicant's employees, a **copy of proof of automobile liability insurance** evidencing the applicant's liability insurance coverage for each vehicle identified in the application, including name and address of coverage carrier; policy number; effective and expiration dates of the policy; and coverage limits (including medical coverage), in the amount sufficient to afford adequate coverage of all employees transported in the event of an accident (see Title 8, California Code of Regulations, section 13660(b)(10)). ***(See Application Question #23)***

14. Pursuant to Labor Code section 1696.3, if the applicant will transport his/her employees and/or intends to provide transportation for farm laborers who are not the applicant's employees, a **copy of the following for each individual who will be operating the bus, truck, or other farm labor vehicle:** (a) **valid driver's license;** (b) **certificate from the California Department of Motor Vehicles (DMV) to permit the operation of a farm labor vehicle;** and (c) **evidence of clear driving record from the DMV** (DMV Request for Own Driver License or Vehicle Registration Record (INF 1125). ***(See Application Question #24)***

15. Other documentation: A detailed written explanation of each instance for which the applicant answers yes in response to any part of Application Question #26 and Question #27, and evidence or documentation of the disposition of each instance described, if applicable (including but not limited to description of the violation or change, date of incident, court or agency name (federal, state or local), and the disposition, if any, of the matter. ***(See Application Question #26 and Question #27).***

16. Copy of any completion certificate(s) showing nine (9) hours of relevant educational classes for each license period pursuant to the provisions of Labor Code section 1684(c).*

17. A statement which includes the name, address, telephone number, and qualifications for each individual, who will provide training in identification, prevention, and reporting of sexual harassment in the workplace, as required by Labor Code section 1684(a)(8).

18. Signed Farm Labor Contractor Supervisory Employee Sexual Harassment Disclosure Statement for each employee of the applicant whose duties include the supervision, direction, or control of agricultural employees.

The Labor Commissioner may request any additional supporting documentation as proof of statements made in response to application questions and to complete his investigation to his satisfaction as to the character, competency and responsibility of the applicant.

* Labor Code 1684(c) was amended to require applicants for a Farm Labor Contractor License take nine (9) hours of continuing education per year beginning January 1, 2015. Completion certificates showing eight (8) hours of continuing education that was completed in 2014 will be accepted as satisfaction of the continuing education requirement for applications presented to DLSE through December 31, 2015. Completion certificates for continuing education completed on or after January 1, 2015 must indicate completion of nine (9) hours of continuing education to be accepted as satisfying the continuing education requirement for new and renewal licenses.

Please read the attached Instructions and Requirements carefully before filling out this application

RENEWAL APPLICATION FOR FARM LABOR CONTRACTOR LICENSE

1. Name of Sole Proprietor or Legal Entity Applying for a License

2. Doing Business As (DBA) Name (s), if any, within the previous three years.

3.Physical business address (Number, Street, City or Town, County, State, Zip Code)

4. Preferred mailing address (if different from business address)

5. Home Address (No PO Box allowed)

6. Business Telephone
( )

7. Mobile Telephone
( )

8. Preferred e-mail address for DLSE to communicate with FLC

9. Provide license number
FLC # _____

10. Certificate of Federal Registration No.
_____
(See Requirement No. 10)

11. Total Number of Employees

12. Total Gross Annual Revenue

13. Provide a copy of most recent registration with the agricultural Commissioner for each county in which the applicant has contracted with a grower. List each county below. ***(See Requirement #11)***
County:_____ County:_____
County:_____ County:_____

14. Type of Ownership of Farm Labor Contractor's Business (check one)
( ) Sole Proprietor ( ) Partnership ( ) Corporation ( ) Limited Liability Company

15. Identifying Information for Changes in Management of Business Only: Complete Personal Record form for each sole proprietor, all partners, all corporate officers, LLC members, managing agents. For corporations, include copy of the Articles of Incorporation and Statement of Information that is filed with the California Secretary of State listing all corporate officers. For LLCs, include a copy of the Articles of Organization and Statement of Informations that is filed with the California Secretary of State listing all members. (Attach a copy of their drivers license).
(a) No changes to the previous application submitted. ( ) No ( ) Yes If yes, provide current information

16. Is corporation or LLC in good standing with California Secretary of State? ( ) No ( ) Yes

17 a. Attach a list which states the name, physical address, and position title of all individuals or other entities (other than an independent contractor) employed in the previous calendar year to act on behalf of the applicant's business to recruit, solicit, hire, supply, employ, furnish board, lodging, or transport for agricultural workers, supervise or otherwise direct the work, or disburse wage payments to agricultural workers on behalf of the applicant's business which includes but is not limited to, foremen and crew bosses.
b. Will you use in the next calendar year the services of any individual and/or entity to recruit, solicit, hire, furnish, employ, or transport agricultural workers? (This includes but is not limited to, foremen and crew bosses). No ( ) Yes ( ).
If yes, has the individual and/or entity you will engage at any time within the past ten (10) years been issued an FLC license? No ( ) Yes ( )
If yes to either question above, provide the name, current physical address, telephone number, Social Security number, and FLC license no. (if applicable).
If no, who will perform these duties?

18. Provide names and physical addresses, and mailing address if different, of all growers with whom you plan to contract in the near future and/or with whom you have contracted during the past three years**. On an additional sheet.**

19. Name and title of person who will take examination for license

20. Preferred examination language?
( ) English ( ) Spanish

21. Do you maintain or propose to maintain a labor camp or a lodging house? ( ) No ( ) Yes
If yes, provide the physical address of location of the housing, the local agency who issued the license or permit to house workers, and the effective dates of such license or permit.

22. Do you sell or intend to sell intoxicating liquors (including wine or beer) on the premises where you will operate as a Farm Labor Contractor?
( ) No ( ) Yes

23. Do you intend to transport your employees? ( ) No ( ) Yes ***(See Requirement #13)***
Do you intend to provide transportation for farm laborers who are not your employees? ( ) No ( ) Yes
If your answer to either question is yes, provide the name, address and telephone number of your automobile liability insurance carrier, policy number, coverage limits (including medical coverage) and effective dates for each vehicle used:

24. If your answer to either question in #23 above is yes, provide the name, address and drivers license number of each individual who will

operate any vehicle to provide transportation ***(See Requirement #14)*** **AND** complete the information for each vehicle used on Attachment A hereto.

25. Will the farm labor contractor's operation be conducted in connection with any other business? ( ) No ( ) Yes
If yes, give type of business and name and address of business.

26. Have there been any changes to any of the following items? If yes, mark yes for the item and proceed to explain as to each item marked yes. If no, mark item no and proceed to following question.	
Do any of the owners (sole proprietor, all partners, all corporate officers, LLC members and managing agents) or persons identified as having a financial interest in the business within the last 10 years:	
(a) Owe any delinquent unpaid wages?	( ) No ( ) Yes
(b) Have any unpaid judgments outstanding?	( ) No ( ) Yes
(c) Owe payroll taxes, personal, partnership or corporate income taxes, Social Security taxes, or disability insurance taxes?	( ) No ( ) Yes
(d) Owe payments to a health or welfare fund, pension fund, or vacation plan, or other similar plan for the benefit of the employees, as agreed to with any employee or as agreed to pursuant to a collective bargaining agreement?	( ) No ( ) Yes
(e) Plead guilty or nolo contendere to or been convicted of a crime substantially related to working conditions or worker's health or safety, either misdemeanor or felony?	( ) No ( ) Yes
(Note: The term **convicted** includes instances in which there was a suspension of sentence and probation granted, and where judicial dismissal proceedings under Penal Code section 1203.4 et seq. were undertaken.)	( ) No ( ) Yes
(f) Has any license or permit issued pursuant to the Labor Code or Business and Professions Code or both been suspended, revoked, or denied to him/her, or has any disciplinary action of any nature whatsoever ever been imposed upon him/her in connection with holding of any such license or permit?	( ) No ( ) Yes
(g) Violated or willfully aided or abetted any person in the violation of, or failed to comply with, any law of the State of California regulating the employment of employees in agriculture, the payment of wages to farm employees, or the conditions, terms or places of employment affected the health and safety of farm employees, which is applicable to the business activities or operations of the licensee in his or her capacity as a farm labor contractor?	
27. Have any of the owners (sole proprietor, all partners, all corporate officers, LLC members and managing agents), within the last three years:	
(a) been found by a court or an administrative agency to have committed sexual harassment of an employee.	( ) No ( ) Yes
(b) employed any supervisor, crew leader, mayordomo, foreperson, or any other employee whose duties include the supervision, direction, or control of any agricultural worker whom the applicant knew or should have known has been found by a court or an administrative agency to have committed sexual harassment of an employee within the preceding three years.	( ) No ( ) Yes
If you responded "yes" to any of the above, on an additional sheet, provide an explanation of circumstances and provide documentation as required in Requirement #15.	

28. Name and address of Agent/Representative designated to speak on your behalf for purposes of communicating with DLSE personnel.

29. On an additional sheet, provide a list of the full names of any of the following relatives who the applicant knows has previously applied for or held a farm labor contractor license and have been denied or had their license revoked within the last 10 years: Spouse, domestic partner, brother, brother-in-law, sister, sister-in-law, cousin, cousin-in-law, father, father-in-law, mother, mother-in-law, son, son-in-law, daughter, or daughter-in-law, aunt or uncle.

Application continues on next page

CERTIFICATIONS

I am/We are aware of and agree to comply with the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for workers' compensation.
I am/We are aware of and agree to comply with the provisions of Section 1684(a) (3) to deposit with the Labor Commissioner and maintain a current surety bond.
I/We agree, in the event that transportation is provided for employees, to carry public liability insurance on each vehicle used, as required by Section 1695(a)(6) of the Labor Code, and to ascertain that all individuals providing transportation are legally licensed and competent to transport employees.
I/We agree that as a condition of being licensed as a farm labor contractor by the Labor Commissioner of the State of California, it is my/our responsibility to keep the Commissioner informed of any change in my/our address(es) and any other contact information.
I/We consent, pursuant to Labor Code Section 1684(a)(1)(C), to the designation of the Labor Commissioner by an appropriate civil court as my agent to accept service of summons in any action against me/us relating to my/our activities as a licensed farm labor contractor in the event that I/we have left the jurisdiction in which the action is commenced or have otherwise become unavailable to accept service.
I am/We are aware of the responsibilities as licensee and agree to operate as a farm labor contractor in compliance with the provisions of the California Labor Code and applicable regulations, including provision of adequate safeguards for health and safety of workers, and specifically, worker safety requirements related to agricultural working conditions, including heat illness injury prevention and pesticide use and exposure, and will comply with all applicable requirements: and will provide all protective measures, materials and equipment necessary to comply with heat illness injury prevention requirements (see Title 8, California Code of Regulations, Section 3395) at each work site where work is to be performed. Also will provide proper payment to workers and certify that I/we have provided all facts required by the Labor Commissioner to make its determination to issue a license to operate as a farm labor contractor as to my/our character, competency, responsibility and the manner in which I/we propose to conduct operations.
I am/We are aware of the provisions of the Labor Code and applicable regulations regarding the grounds for revocation, suspension, refusal to renew and/or issue a license to operate as a farm labor contractor.
I/We hereby certify, under penalty of perjury, that the foregoing statements are true and correct.
I/we attest that all supervisorial employees, including supervisors, crewleaders, mayordomos, forepersons, and any others whose duties include the supervision, direction, or control of agricultural employees have been/will be trained for at least two hours each calendar year in the prevention of sexual harassment in the workplace.
I/we attest that all new non supervisorial employees, including agricultural employees, have been/will be trained at the time of hire and that all nonsupervisory employees have or will receive training in identifying, preventing, and reporting sexual harassment in the workplace at least once every two years.

ANY MATERIAL MISREPRESENTATION IS GROUNDS FOR DENIAL, OR SUBSEQUENT REVOCATION OF A LICENSE.

Executed at_____, California, this_____day of_____20_____.

SIGNATURES (The individual owner or all partners must sign. If business is a corporation or limited liability company, any authorized corporate officer or member, with indication of title, may sign.)

Signature	Print Name & Title
Signature	Print Name & Title
Signature	Print Name & Title
Signature	Print Name & Title

* If place of execution is outside California, the foregoing statements must be sworn to before a notary public or other officer authorized to take oaths and affirmations.

SOCIAL SECURITY NUMBER COLLECTION

The Social Security number will be collected pursuant to California Family Code section 17520(d) and Labor Code section 1684. It is used in the administration of licensing employer's in the farm labor contracting industry, and to aid in the collection of monies owed pursuant to a judgment or order for child or family support in a case being enforced under Title IV-D of the Social Security Act.

Collection of the Social Security number is mandatory. Failure to furnish the Social Security number may result in DENIAL of an application for issuance or renewal of a license to engage in the business of farm labor contracting.

INFORMATION PRACTICES ACT NOTICE (California Civil Code Section 1798.17)/

1. The information on this application is being requested by the Department of Industrial Relations, Division of Labor Standards Enforcement.
2. The state official responsible for maintaining this application, and who shall, upon written request, inform you of the location of where this application is maintained and the categories of any persons who use the information contained herein is:
   Manager, Licensing and Registration Unit
   Division of Labor Standards Enforcement, 9th Floor West
   P.O. Box 420603
   San Francisco, CA 94142
   Telephone: (415) 703-4810
3. The information on this application is collected and maintained pursuant to California Labor Code section 1684.
4. With respect to the information requested on this application, all of it is either mandated by California Labor Code section 1684 or must be ascertained by the Labor Commissioner in order to issue a registration.
5. If you fail to provide all or any part of the information requested in this application, the Labor Commissioner may deny issuance/renewal of a license to act as a farm labor contractor pursuant to California Labor Code section 1684.
6. The principal purposes within the Division of Labor Standards Enforcement for which the information on this application will be used are: (1) administration of the licensing program for farm labor contractors, and (2) enforcement of California's labor laws.
7. The following are known or foreseeable disclosures of the information contained herein which may be made pursuant to subdivision (e) or (f) of Section 1798.24 of the California Civil Code by the Division of Labor Standards Enforcement: Response to a request under the California Public Records Act.
8. You have the right to access records containing your personal information that are maintained by the Division of Labor Standards Enforcement. To make an appointment to access such records, please contact the Manager, Licensing and Registration Unit at the address shown in item 2 above.

DO NOT WRITE BELOW THIS LINE

Application Number	❑ B ❑ P/R ❑ F/R# ❑ IRS ❑ INC ❑ 8 HR ❑ Photos ❑ DE9 ❑ CO. AG ❑ SOI ❑ FLCE	❑ P/L ❑ WCI ❑ EXAM ❑ Name match ID ❑ AOO ❑ AOI ❑ BOFE ❑ 98A ❑ CAL/OSHA		Amount	Date Received	Date Issued	Date Mailed
Approved State Labor Commissioner			License Fees				
			License Fees				
			Refund				

ATTACHMENT A :

VEHICLE #1	Name and Address of Owner	Make, Model and Year	Body Type & Capacity
		VIN	License Plate No.
VEHICLE # 2	Name and Address of Owner	Make, Model and Year	Body Type & Capacity
		VIN	License Plate No.
VEHICLE # 3	Name and Address of Owner	Make, Model and Year	Body Type & Capacity
		VIN	License Plate No.
VEHICLE # 4	Name and Address of Owner	Make, Model and Year	Body Type & Capacity
		VIN	License Plate No.
VEHICLE # 5	Name and Address of Owner	Make, Model and Year	Body Type & Capacity
		VIN	License Plate No.
VEHICLE # 6	Name and Address of Owner	Make, Model and Year	Body Type & Capacity
		VIN	License Plate No.

Please type or print clearly. Submit one completed form for each sole proprietorship, all partners, all corporate officers, including all corporate officers of a foreign corporation, LLC members and managing agents. If you need more space to answer the questions on this form in full, please attach an additional sheet of paper. Identify each answer on the separate sheet with the question number to which it corresponds.

(For Change in Management only)

PERSONAL RECORD

1.NAME OF PERSON (FIRST, MIDDLE, LAST)			2. TITLE
3. SOCIAL SECURITY NO.	4. PERCENTAGE OF OWNERSHIP	5. DATE OF BIRTH	6. DRIVER LICENSE NUMBER
7. SPOUSE'S NAME	8. SPOUSE'S CAPACITY IN BUSINESS		
9. HOME ADDRESS (PO BOX NOT ALLOWED)			
10. BUSINESS TELEPHONE NO.	11. MOBILE TELEPHONE NO.		11a. EMAIL ADDRESS
12. MAILING ADDRESS: ☐ SAME AS HOME ADDRESS			

13. OCCUPATION FOR LAST TWO YEARS:

DATES (FROM-TO):	NAME OF EMPLOYER (IF SELF-EMPLOYED, INDICATE BUSINESS TYPE):
OCCUPATION:	BUSINESS LOCATION:
DATES (FROM-TO):	NAME OF EMPLOYER (IF SELF-EMPLOYED, INDICATE BUSINESS TYPE):
OCCUPATION:	BUSINESS LOCATION:
DATES (FROM-TO):	NAME OF EMPLOYER (IF SELF-EMPLOYED, INDICATE BUSINESS TYPE):
OCCUPATION:	BUSINESS LOCATION:

I hereby certify, under penalty of perjury, that the foregoing statements are true and correct, and that they are made for the purpose of obtaining a license to operate as a farm labor contractor.

I am aware of the fact that these statements are part of my license application and that ANY MATERIAL MISREPRESENTATION IS GROUNDS FOR DENIAL, OR SUBSEQUENT REVOCATION, OF A LICENSE OR PERMIT.

Executed at*_____, California, this_____day of _____ _____.

*If place of execution is outside California, the foregoing statements must be sworn before a notary public or other officer authorized to take oaths and affirmations

_____
SIGNATURE