

**APPLICATION FOR
FOREIGN LABOR CONTRACTOR REGISTRATION**

AN INCOMPLETE APPLICATION, INCLUDING INCOMPLETE SUBMISSION OF REQUIRED SUPPORTING DOCUMENTATION, WILL DELAY THE ISSUANCE OF YOUR REGISTRATION.

**Instructions:**

- 1) Pursuant to Business and Professions Code section 9998.1.5(b)(1), please read the attached requirements and each question on the application form carefully. If a question does not 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 include your file number, which will be provided to you on all correspondence with 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 a 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.

Submit the application with required fees to:

Labor Commissioner
Licensing & Registration Unit-FnLC
1515 Clay Street, Suite 401
Oakland, CA 94612
510-285-3399

Applications may also be submitted via email: foreignlaborcon@dir.ca.gov

REQUIREMENTS

The items and documentation on the following list must be provided in order to complete the processing of your application. Where copies of documents are requested, legible copies must be provided.

1. **Application fee** pursuant to Business and Professions Code section 9998.1.5.(b)(4) and Section 13853(b)(1) of Title 8, Code of California Regulations. You must remit a total of \$95.

The DLSE Licensing & Registration Unit offers online payment of fees by accessing http://www.dir.ca.gov/dlse/DLSE_Online_Payment.html. You can 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 OfficialPayments.com. Payments may be made using American Express, Discover, Visa 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 the "Labor Commissioner's Office" or "Division of Labor Standards Enforcement."

2. **Live scan fingerprint images** pursuant to Business and Professions Code section 9998.1.5.(b)(2) and Section 13853(b)(4) of Title 8, Code of California Regulations, for sole proprietor, all partners, all corporate officers and each member of a limited liability company. See Attorney General's website at www.caag.sate.ca.us/app for listing of live scan locations. (*For new applicants or change in personnel only*)
3. **An original Foreign Labor Contractor Bond (DLSE-702)** pursuant to Business and Professions Code section 9998.1.5.(b)(3) and Section 13857 of Title 8, California Code of Regulations.
4. **Copy of Articles of Incorporation or Copy of Articles of Organization** filed with California Secretary of State.
5. **Copy of most recent Statement of Information** filed with California Secretary of State.
6. **Copy of Partnership Agreement** (if any).
7. **If applicant is a corporate or similar entity in a foreign country, copy of the registration or other certificate which authorizes the business entity to exist or as a lawful business entity.**
8. **Copy of driver's license or legal photo identification** for the individual owner, partners, corporate officers, or LLC members, as applicable.
9. **Other documentation:** A detailed written explanation of each instance for which the applicant answers yes in response to any part of Application Question #18, and evidence or documentation of the disposition of each instance described, if applicable, including but not limited to description of the violation or charge, date of incident, court or agency name (federal, state, or local), and the disposition, if any, of the matter.

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

APPLICATION FOR FOREIGN LABOR CONTRACTOR REGISTRATION

1a. Legal Name and Type of Ownership of Foreign Labor Contractor's Business (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other		2. Doing Business As (DBA) Name (s), if any, within the previous three years	
1b. Type of Registration (Check One) <input type="checkbox"/> New <input type="checkbox"/> Renewal _____ (Registration No.)			
3. Physical Business Address (Number, Street, City or Town, County, State, Zip Code)		4. If applicable, Physical Business Address, Business Telephone, and Mobile Telephone in Foreign Country	
5. Preferred mailing address		6. Business Telephone ()	7. Mobile Telephone ()
8. Preferred e-mail address for DLSE to communicate with Foreign Labor Contractor			9. State and Federal Employer Tax Identification Nos. (or foreign equivalent) SEIN _____ FEIN _____ Foreign EIN _____
10. Domestic and international locations where applicant is doing business (City, State, Country)			11a. Have you had any gross receipts in the year prior to filing this application? <input type="checkbox"/> Yes <input type="checkbox"/> No 11b. If yes, please provide total Gross Annual Receipts _____
12a. Designated agent for service of process (if applicable)			
12b. Agent for service of process physical business address (number, street, city or town, county, state, zip code)		12b. Agent for service of process business telephone ()	
12c. Agent for service of process mobile telephone ()			
Application continues on next page			

13. In the spaces below, provide the following information regarding individuals who have financial interests in applicant's business:

(a) Sole Proprietorship				
Full Name	Home Address	Social Security # or Taxpayer or Foreign Identification #	Percentage of Interest	Driver's License No.
			%	
Date of Birth	Mailing Address (if different from home, including foreign,)	Business Telephone	Mobile Telephone	

(b) Corporation (List Each Corporate Officer)				
Date of Incorporation	If foreign corporation incorporated or organized outside California, enter the date the Statement and Designation by Foreign Corporation was filed with California Secretary of State.			
Full Name	Home Address	Social Security # or Taxpayer or Foreign Identification #	Percentage of Interest	Driver's License No.
			%	
Date of Birth	Mailing Address (if different from home, including foreign)	Business Telephone	Mobile Telephone	
Full Name	Home Address	Social Security # or Taxpayer or Foreign Identification #	Percentage of Interest	Driver's License No.
			%	
Date of Birth	Mailing Address (if different from home, including foreign)	Business Telephone	Mobile Telephone	
Full Name	Home Address	Social Security # or Taxpayer or Foreign Identification #	Percentage of Interest	Driver's License No.
			%	
Date of Birth	Mailing Address (if different from home, including foreign)	Business Telephone	Mobile Telephone	

(c) Partnership (List Each Partner)				
Date Partnership Was Created:				
Full Name	Home Address	Social Security # or Taxpayer or Foreign Identification #	Percentage of Interest	Driver's License No.
			%	
Date of Birth	Mailing Address (if different from home, including foreign)	Business Telephone	Mobile Telephone	
Full Name	Physical Home Address	Social Security # or Taxpayer or Foreign Identification #	Percentage of Interest	Driver's License No.
			%	
Date of Birth	Mailing Address (if different from home, including foreign)	Business Telephone	Mobile Telephone	

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(d) LLC (List Each Member)				
Date of Filing of Articles of Organization:				
Full Name	Home Address	Social Security # or Taxpayer or Foreign Identification #	Percentage of Interest	Driver's License No.
			%	
Date of Birth	Mailing Address (if different from home, including foreign)	Business Telephone	Mobile Telephone	
Full Name	Home Address	Social Security # or Taxpayer or Foreign Identification #	Percentage of Interest	Driver's License No.
			%	
Date of Birth	Mailing Address (if different from home, including foreign)	Business Telephone	Mobile Telephone	
Full Name	Home Address	Social Security # or Taxpayer or Foreign Identification #	Percentage of Interest	Driver's License No.
			%	
Date of Birth	Mailing Address (if different from home, including foreign)	Business Telephone	Mobile Telephone	

Please include an additional sheet, if needed, containing the full name, residence address, mailing address (if different from residence, including foreign), foreign identification number, social security or taxpayer identification number, date of birth, percentage of interest, driver's license number, and business and mobile telephone numbers for any additional persons who meet #13 criteria.

14. Total number of employees the foreign labor contractor will employ (if applicable).

15. Will the foreign labor contractor utilize the services of any other registered foreign labor contractor to recruit or solicit foreign workers?

() No () Yes

If yes, provide person or entity name, current physical address (include foreign address, if applicable), telephone number, Social Security number or Tax Identification number, and foreign labor contractor registration number for each individual or entity.

If no, state any other individual or entity who will perform these activities on applicant's behalf, which includes, but is not limited to, employees of the applicant. Provide person or entity name, current physical address (include foreign address, if applicable), telephone number, Social Security number or Tax Identification number, and foreign labor contractor registration number for each identified person or entity.

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16. Provide names and physical addresses, and mailing address if different (include foreign address, if applicable), of all employers with whom you plan to contract in the next year, and for registration renewal, provide the businesses with whom the applicant has contracted during the past two years.

17. Will the foreign labor contractor's operation be conducted in connection with any other business? () No () Yes

If yes, give type of business and name, physical address, mailing address (if different, including foreign address, if applicable), e-mail address, business telephone, and mobile telephone of other business(es).

18. Do or have the applicant or any of the owners (sole proprietor, all partners, all corporate officers, LLC members) or persons identified as having a financial interest in the business within the last 5 years:

- | | |
|---|----------------|
| (a) Owe payroll taxes, personal, partnership or corporate income taxes, Social Security taxes, or disability insurance taxes? | () No () Yes |
| (b) Plead guilty or nolo contendere to or been convicted of a crime involving fraud or misrepresentation, either misdemeanor or felony? (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 |
| (c) Had any license, registration or permit issued pursuant to any state or federal law, or law of a foreign country been suspended, revoked, or denied, or has any disciplinary action of any nature whatsoever ever been imposed in connection with holding of any such license or permit? | () No () Yes |

If you responded "yes" to any of the above, on an additional sheet, provide an explanation of circumstances and provide the required documentation.

19. List any license, registration, or permit issued pursuant to any state or federal law, or law of a foreign country, that the applicant or any of the owners (sole proprietor, all partners, all corporate officers, LLC members), or persons identified as having a financial interest in the business, have obtained within the last 5 years.

20. Name, address, telephone number and preferred email address of Agent/Representative designated to speak on your behalf for purposes of communicating to DLSE personnel.

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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 Business and Professions Code Section 9998.1.5.(b)(3)(A) to deposit with the Labor Commissioner and maintain a current surety bond.

I/We agree that as a condition of being licensed as a foreign 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 within 10 days of any change.

I/We consent, pursuant to Business and Professions Code Section 9998.1.5(b)(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 registered foreign 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 registrant and agree to operate as a foreign labor contractor in compliance with all applicable laws, including the Business and Professions Code and applicable regulations. I/We also certify that I/we have provided all facts required by the Labor Commissioner to make its determination to issue a registration for operation as a foreign labor contractor as to my/our character, competency, responsibility and the manner in which I/we propose to conduct operations.

I/We attest that we have not been found by a court, Secretary of Labor, or the Labor Commissioner to have violated (1) the federal Trafficking Victims Protection Act of 2000 (Division A, Public Law 106-386), as amended; (2) Sections 1682 through 1699 of the Labor Code, pertaining to farm labor contractor license laws; (3) Section 236.1 of the Penal Code, and (4) any federal guest worker program.

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 foreign labor contractor.

I/We hereby certify, under penalty of perjury, that the foregoing statements are true and correct.

ANY MATERIAL MISREPRESENTATION OR OMISSION 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 Business and Professions Code Section 9998.1.5. It is used in the administration of registering employers in the foreign 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.

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
 1515 Clay Street, Ste. 401
 Oakland, CA 94612
 Telephone: (510) 285-3399

3. The information on this application is collected and maintained pursuant to Business and Professions Code Section 9998.1.5.
4. With respect to the information requested on this application, all of it is either mandated by Business and Professions Code Section 9998.1.5 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 registration to act as a foreign labor contractor pursuant to Business and Professions Code Section 9998.1.5.
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 registration program for foreign 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 of the Licensing and Registration Unit at the address shown in item 2 above.

DO NOT WRITE BELOW THIS LINE

DO NOT WRITE BELOW THIS LINE							
Application Number	<input type="checkbox"/> B	<input type="checkbox"/> F/C		Amount	Date Received	Date Issued	Date Mailed
Approved State Labor Commissioner	<input type="checkbox"/> INC	<input type="checkbox"/> WCI	Registration Fees				
	<input type="checkbox"/> SOI	<input type="checkbox"/> DL	Registration Fees				
	<input type="checkbox"/> AOO	<input type="checkbox"/> Name match ID	Refund				
	<input type="checkbox"/> AOI	<input type="checkbox"/> BOFE					
		<input type="checkbox"/> 98A					
		<input type="checkbox"/> CAL/OSHA					

FOR USE BY APPLICANTS THAT ANSWERED "YES" TO
APPLICATION ITEM 11a

IF YOUR GROSS RECEIPTS IN THE YEAR PRIOR TO FILING THIS APPLICATION WERE:	YOUR BOND AMOUNT IS:
Up to \$500,000	\$50,000
From \$500,000 to \$2,000,000	\$100,000
Greater than \$2,000,000	\$150,000