



FLC

Options

Welcome - [Redacted]

- Application
- Company
- References
- Questionnaire
- Information
- Growers
- Certification
- Scan

Farm Labor Contractor - Application

- |                    |                                     |
|--------------------|-------------------------------------|
| Documents          | Completed                           |
| Application        | <input checked="" type="checkbox"/> |
| Company Record     | <input checked="" type="checkbox"/> |
| References         | <input checked="" type="checkbox"/> |
| Questionnaire      | <input checked="" type="checkbox"/> |
| Information        | <input checked="" type="checkbox"/> |
| Growers            | <input checked="" type="checkbox"/> |
| Certification      | <input checked="" type="checkbox"/> |
| Live Scan          | <input checked="" type="checkbox"/> |
| Transmit           |                                     |
| WCI                | <input type="checkbox"/>            |
| Bond               | <input type="checkbox"/>            |
| Class Verification | <input type="checkbox"/>            |
| Submit             |                                     |

Farm Labor Contractor please enter the information requested below.

The underlined blue links are for users to upload files into the system. When you have the document necessary to upload on your computer, simply click the link and you can upload the necessary files. The system will not allow you to submit unless you have uploaded copies of ALL the requested documents.

Sole Proprietor or Legal Entity *			
<input type="text" value="Evolveware"/>			
Doing Business As (DBA) - if any			
<a href="#">Add DBA</a>			
Physical Business Address: *	Physical Business Address Line 2:		
<input type="text" value="Baner"/>	<input type="text" value="Test"/>		
City *	State *	Zip Code *	County *
<input type="text" value="Pune"/>	<input type="text" value="CA"/>	<input type="text" value="41104-5432"/>	<input type="text" value="Test"/>
Business Phone *	Mobile Phone		
<input type="text" value="111-111-1111 ex 11111"/>	<input type="text" value="222-222-2222 ex 22222"/>		
<input checked="" type="checkbox"/> Same as Business Address			
Preferred Mailing Address for FLC: *		Preferred Mailing Address Line 2:	
<input type="text" value="Baner"/>		<input type="text" value="Test"/>	
City *	State *	Zip Code *	County *
<input type="text" value="Pune"/>	<input type="text" value="CA"/>	<input type="text" value="41104-5432"/>	<input type="text" value="Test"/>
Business Phone *	Mobile Phone		
<input type="text" value="111-111-1111 ex 11111"/>	<input type="text" value="222-222-2222 ex 22222"/>		
Email * - DLSE will use this email to communicate with the FLC			
<input type="text" value="jstevens@dir.ca.gov"/>			
Certificate of Federal Registration #:	State and Federal Employer Identification #:		
<input type="text" value="12345"/>	<a href="#">FRDocument.doc</a> ✖	SEIN <input type="text" value="67890"/>	FEIN <input type="text" value="45678"/>
Type of ownership of Farm Labor Contractor's Business (Check one only)			
<input type="radio"/> Sole Proprietor <input type="radio"/> Partnership <input checked="" type="radio"/> Corporation <input type="radio"/> Limited Liability Company			
If incorporated or organized outside California, enter the date the Statement and Designation by Foreign Corporation were filed with California Secretary of State		Is Corporation and LLC in good standing with California Secretary of State ?	
Date: <input type="text" value="01/01/2002"/>		<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	
If no Explain		<input type="text"/>	
Total Employees	Total Gross Annual Revenue		
<input type="text" value="0"/>	\$ <input type="text" value="0"/>	<a href="#">Upload DE-9 or DE-9C</a>	
Will you use the services of any individual and / or entity to recruit, solicit, hire, furnish, employ, or transport agricultural workers? (This includes foremen and crew bosses) <input checked="" type="radio"/> Yes <input type="radio"/> No			
If yes, how many individual and/or entities will you use? <input type="text" value="2"/>			
If no, who will perform these duties?			
<input type="text"/>			

Close and Save

Save and Next

PopulateForm



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Farm Labor Contractor - Company Record

- Documents
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The underlined blue links are for users to upload files into the system. When you have the document necessary to upload on your computer, simply click the link and you can upload the necessary files. The system will not allow you to submit unless you have uploaded copies of ALL the requested documents.

Business Information - Labor Code 1684(a)(1)(B) requires a list of all Partners, associates, or profit sharers together with the amount of their respective interest.

Corporation or LLC ID \*

Date Formed/Organized \*

Corporate / LLC Name \*

Articles of Incorporation/Organization  
[Add Document](#)

Statement of Information  
[Add Document](#)

Transmit

- WCI
- Bond
- Class Verification

Submit

Team Smith - TeamSmith (70.0% Owner)

Function	Description	Home Address	Mailing Address	Information		
<a href="#">Edit</a> <a href="#">Remove</a> <a href="#">Your D/L</a> <a href="#">Your Photo</a>	Sex - M Height - 5' 11" Weight - 100 Hair - BLACK Eye - BLACK	3375 Scott Blvd., Bldg. 224 Santa Clara, CA 12345-6789 Phone B : 111-111-1111 ex 11111 M : 222-222-2222 ex 22222	3375 Scott Blvd., Bldg. 224 Santa Clara, CA 12345-6789 Email team_smith@test.com	SS : 111-11-1111 DL : 22222 BD : 09/01/1955 BP : Mumbai		
<input type="checkbox"/> FLC Card						
Spouse: Tess		Spouse participation in Business: 20				
Dates	Employer	Street	City	State	Zip	Occupation
01/01/2012 - 02/01/2012	employer	street	city	CA	12345-6789	occupation

[Add Individual](#)


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Please complete all fields below to add the partners, associates or profit shares associated with the company.

<b>First Name *</b>	<b>Middle Name</b>	<b>Last Name *</b>				
<input type="text"/>	<input type="text"/>	<input type="text"/>				
<b>Title *</b>	<b>Ownership *</b>	<b>Social Security Number *</b>	<b>Driver License Number *</b>			
<input type="text"/>	<input type="text" value="0.0"/> %	<input type="text"/>	<input type="text"/>			
<b>Birthday *</b>	<b>Birthplace *</b>	<b>Height *</b>	<b>Weight *</b>	<b>Hair Color *</b>	<b>Eye Color *</b>	<b>Sex *</b>
<input type="text"/> 	<input type="text"/>	<input type="text" value="0"/> ft	<input type="text" value="0"/> <input type="text" value="0"/> inch Pounds	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Spouse's Name</b>		<b>Spouse's Capacity in Business</b>				
<input type="text"/>		<input type="text"/>				
<b>Home Address *</b> (PO BOX not allowed.)						
<input type="text"/>						
<b>Address Line 2</b>						
<input type="text"/>						
<b>City *</b>	<b>State *</b>				<b>Zip Code *</b>	
<input type="text"/>	<input type="text" value="CA"/>				<input type="text"/>	
<b>Business Phone *</b>	<b>Mobile Phone</b>					
<input type="text"/>	<input type="text"/>					
<b>Mailing Address</b>	<input type="checkbox"/> Same as Home address					
<b>Address *</b>						
<input type="text"/>						
<b>Address Line 2</b>						
<input type="text"/>						
<b>City *</b>	<b>State *</b>				<b>Zip Code *</b>	

Email \*

**Occupation for last Two years \*** If currently employed with this employer please use today's date as the end date.

Start Date	End Date	Employer	Street	City	State	Zip	Occupation
<input type="text"/> 	<input type="text"/> 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="CA"/>	<input type="text"/>	<input type="text"/>

[Add Row](#)



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Farm Labor Contractor - References

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Completed

Farm Labor Contractor please enter four Character References below.  
 You must have two relatives and two non-relatives as references (e.g., friend, neighbor, co-worker)

Team Smith

Function	Relationship / Email	Home Address	Employment
<a href="#">Add</a>			
<a href="#">Add</a>			
<a href="#">Add</a>			
<a href="#">Add</a>			

Transmit

- WCI
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Submit

**Fourth Reference - Non-Relative (Friend, neighbor or co-worker)**

Name \*

E-mail address

Address \* (PO BOX not allowed.)

Address Line 2

City \*

State \*

Zip Code \*

Phone \*

**Employment:**

Retired / Unemployed / Etc.

Name \*

Address \* (PO BOX not allowed.)

Address Line 2

City \*

State \*

Zip Code \*

Phone \*

Save

**Second Reference - Relative**

**Name \***

**E-mail address**

<input type="text"/>	<input type="text"/>
----------------------	----------------------

**Address \*** (PO BOX not allowed.)

**Address Line 2**

**City \***

**State \***

**Zip Code \***

**Phone \***

CA	<input type="text"/>	<input type="text"/>
----	----------------------	----------------------

**Employment:**

**Retired / Unemployed / Etc.**

**Name \***

**Address \*** (PO BOX not allowed.)

**Address Line 2**

**City \***

**State \***

**Zip Code \***

**Phone \***

CA	<input type="text"/>	<input type="text"/>
----	----------------------	----------------------

Save





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Farm Labor Contractor - Questionnaire

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Completed Farm Labor Contractor please enter the information requested below.

The underlined blue links are for users to upload files into the system. When you have the document necessary to upload on your computer, simply click the link and you can upload the necessary files. The system will not allow you to submit unless you have uploaded copies of ALL the requested documents.

Transmit

- WCI
- Bond
- Class Verification

Submit

How many labor camps or lodging houses do you maintain or propose to maintain?

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?  Yes  No

Do you intend to transport your employees?  Yes  No

Do you intend to provide transportation for farm laborers who are not your employees?  Yes  No

How many vehicles do you plan to use in transporting laborers?   
(If you have more than 20 vehicles to list you are required to submit a list of each vehicle from 21 and up to the DLSE by email.) Please email that list to - [DLSE.licensing@dir.ca.gov](mailto:DLSE.licensing@dir.ca.gov)

How many drivers do you plan to use in transporting laborers?   
(If you have more than 20 drivers to list you are required to submit a list of each driver from 21 and up to the DLSE by email.) Please email that list to - [DLSE.licensing@dir.ca.gov](mailto:DLSE.licensing@dir.ca.gov)

How many businesses will the operation be conducting in connection with the Farm Labor Contractor's license?

Do any of the owners named in the Company Record :

(a) Owe any unpaid wages?  Yes  No

(b) Have any unpaid judgments outstanding?  Yes  No

(c) Have any liens or suits pending in court against him/her?  Yes  No

(d) Owe payroll taxes, personal, partnership or corporate income taxes, Social Security taxes or disability insurance?  Yes  No

(e) Ever been cited or assessed any penalty for a violation of any Federal, State or local law and/or regulation, including any provision of the California Labor Code or health and safety regulations?  Yes  No

(f) Ever plead guilty or nolo contendere to or been convicted of a crime, 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 and following were undertaken)  Yes  No

(g) Ever had any license or permit issued by any agency of the State of California suspended or 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?  Yes  No

(h) Ever 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.  Yes  No

If you selected "Yes" to any of the above questions, you are required to provide an explanation of the circumstances in the area below. You will also need to provide documentation to show evidence of the disposition of each "Yes" answer by clicking the Add Document Link below to upload copies of those documents from your computer.

[Add Document](#)

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Farm Labor Contractor - Information

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Completed

The underlined blue links are for users to upload files into the system. When you have the document necessary to upload on your computer, simply click the link and you can upload the necessary files. The system will not allow you to submit unless you have uploaded copies of ALL the requested documents.

Individual / Entity Used

Information on the individual and or entity you will use to recruit, solicit, hire, furnish, employ or transport agricultural workers.

If you need to add another row to the Entity Used table go back to the application and increase the number needed.

Name	SS Number	Residence Street Address			
Entity	111-11-1111	EntityAddr1			
City	State	Zip	Phone	FLCE #	Document
EntityCity	CA	12345-6789	111-111-1111 ex 11111	123-ABCDEF	<a href="#">Entity.doc</a> ✖
Name	SS Number	Residence Street Address			
City	State	Zip	Phone	FLCE #	Document
	CA				<a href="#">Upload Copy</a> <a href="#">FLCE Card</a>

Transmit

- WCI
- Bond
- Class Verification

Submit

Labor Camps or Lodging

If you need to add another row to the Labor Camps table go back to the Questionnaire and increase the number needed.

Physical Location Street Address	City	State	Zip
LaborCampAddr1	LaborCampCity	CA	12345-6789
Health Lic #	Effective Date	Expiration Date	License
aabbloopp	01/01/2012	01/02/2012	<a href="#">Upload License Copy</a>

Vehicle 1

If you need to add another vehicle to the Vehicle table go back to the Questionnaire and increase the number needed.

Owner	Address		City	State	Zip
Owner	OwnerAdd1		OwnerCity	CA	12345-6789
Insurer	Address		City	State	Zip
Insurer	InsurerAddr1		InsurerCity	CA	12345-6789
Policy #	Coverage		Medical	Effective Date	
aabb	\$ 10,000		\$ 20.00	01/01/2012	
Make	Type	Capacity	Year	VIN	License Plate
abcdefghijklm	abcdefghijklm	9	2012	123abc123abc123ab	abcnop
Required File Uploads -		<a href="#">Upload Auto Liability Insurance</a>		<a href="#">Upload Certificate DMV Report</a>	

Drivers

If you need to add another row to the Driver table go back to the Questionnaire and increase the number needed.

Name	License #	Residence Address	City	State	Zip	Phone
DriverName	1122aabb	DriverAddr1	DriverCity	CA	12345-6789	111-111-1111 ex 11111
Required File						

Required File  
Uploads -

[Upload Driver's License Copy](#)

[Upload DMV Clear Driver Record Copy](#)

Other Business

Business conducted in conjunction with the Farm Labors Operation.

If you need to add another row to the Business table go back to the Questionnaire and increase the number needed.

Business Name	Street	City	State	Zip	Phone
BusinessName	BusinessAddr1	BusinessCity	CA ▼	12345-6789	111-111-1111 ex 1111

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Farm Labor Contractor - Growers

Documents

Documents	Completed
Application	<input checked="" type="checkbox"/>
Company Record	<input checked="" type="checkbox"/>
References	<input checked="" type="checkbox"/>
Questionnaire	<input checked="" type="checkbox"/>
Information	<input checked="" type="checkbox"/>
Growers	<input checked="" type="checkbox"/>
Certification	<input checked="" type="checkbox"/>
Live Scan	<input checked="" type="checkbox"/>

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Add a grower by clicking the "Add Grower" link below

[Add Grower](#)

Transmit

Add the counties you do business in or plan to do business in by clicking the "Add County" link below

[Add County](#)

WCI	<input type="checkbox"/>
Bond	<input type="checkbox"/>
Class Verification	<input type="checkbox"/>

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Close and Save

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Submit

## Growers

Complete the fields below to add the growers you work for or will work for

**Physical address of location where work will be performed:** (PO BOX not allowed.)

**Name \***

**Address \***

**Address Line 2**

**City \***

**State \***

**Zip Code \***

**Email**

**Do you have written contracts with this grower? \***

Yes

No

**Mailing Address:**

**Same As Farm Address**

**Address \***

**Address Line 2**

**City \***

**State \***

**Zip Code \***

Save



Welcome - [Redacted]



Farm Labor Contractor - Certifications

Documents	Completed	
Application	<input checked="" type="checkbox"/>	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.
Company Record	<input checked="" type="checkbox"/>	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.
References	<input checked="" type="checkbox"/>	
Questionnaire	<input checked="" type="checkbox"/>	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(6) of the Labor Code and to ascertain that all individuals providing transportation are legally licensed and competent to transport employees.
Information	<input checked="" type="checkbox"/>	
Growers	<input checked="" type="checkbox"/>	
Certification	<input checked="" type="checkbox"/>	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).
Live Scan	<input checked="" type="checkbox"/>	
	Transmit	I/We consent, pursuant to the 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.
WCI	<input type="checkbox"/>	
Bond	<input type="checkbox"/>	
Class Verification	<input type="checkbox"/>	
	Submit	<p>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, including proper payment of lawful wages to workers, whether payment is hourly or by piece or another method is used, and provision of adequate safeguards for health and safety of 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.</p> <p>I am/We are aware of the provisions of the Labor Code regarding the grounds for revocation, suspension, refusal to renew and/or issue a license to operate as a Farm Labor Contractor.</p> <p>I/We hereby certify, under penalty of perjury, that the foregoing statements are true and correct. I/We are aware of the fact that</p> <p><b>ANY MATERIAL MISPRESENTATION IS GROUNDS FOR DENIAL, OR SUBSEQUENT REVOCATION OF A LICENSE.</b></p> <p><input checked="" type="checkbox"/> I certify that all of the above is true and correct.</p>

Date: 10/05/2012 Name: Evi

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Farm Labor Contractor - Live Scan

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Completed Instructions

To complete the FLC application process you are required to either get a new Live Scan done or enter the information from your previously approved FLC license and have it verified. If you have a previously approved FLC license then you may leave this section blank and only fill in the verification section located at the bottom of this screen. If you have not had an approved FLC license in the past then you must get a new Live Scan done at one of the locations listed here [Live Scan Instructions & Locations](#). Once the Live Scan is completed, fill in the fields below using the scan documentation you received.

New Live Scan

Name	Date	Name of Live Scan Operator	Transmitting Agency
Team Smith	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	LSID Number	ATI Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Transmit

- WCI
- Bond
- Class Verification

(OR)

Submit

Verification of Previous License

If you have a previously approved license then you can enter the FLC License ID number and expiration date to verify your renewal. Verified renewals do not require a new Live Scan. For verification, license ID and expiration date must exactly match our records on file.

FLC License ID Number

Expiration Date

MM/DD/YYYY

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Welcome [Redacted]

Farm Labor Contractor - Fees

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Completed

Pay Fees

- \* Review the selected fees to be paid and the amount due.
- \* Click on the button below to pay the fee By Credit Card or By EFT to proceed to the payment screen.
- \* Otherwise, Click Back to exit.

My Cart		
Quantity	Item Description	Amount
1	License Fee	\$500.00
1	Examination Fee	\$100.00
1	Filling Fee	\$10.00
1	FLC Card Fee	\$0.00
Sub total :		\$610.00

Transmit

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By checking this box I understand and agree that the fees paid are non-refundable and that I must complete and submit the entire application within 60 days from the date of this payment or my payment will be forfeited.

Submit

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Pay By Credit Card

Pay By EFT



Billing Information

Please fill in the required information.

Company	<input type="text"/>
* Name	<input type="text"/>
* Street address	<input type="text"/>
	<input type="text"/>
* City	<input type="text"/>
* State (US residents only)	<input type="text" value="none"/>
State/Province (Non-US residents only)	<input type="text"/>
* Country	<input type="text" value="United States"/>
* Zip/Postal code	<input type="text"/>
Phone number	<input type="text"/>
Fax number	<input type="text"/>
Email address	<input type="text"/>

Your order amount is: \$ 610.00

\* indicates a required field

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License #: FLC000155600

Farm Labor Contractor - EFT Payment

Documents	Completed
Application	<input checked="" type="checkbox"/>
Company Record	<input checked="" type="checkbox"/>
References	<input checked="" type="checkbox"/>
Questionnaire	<input checked="" type="checkbox"/>
Information	<input checked="" type="checkbox"/>
Growers	<input checked="" type="checkbox"/>
Certification	<input checked="" type="checkbox"/>
Live Scan	<input checked="" type="checkbox"/>

Paying by Electronic Fund Transfer (EFT) will delay the review of your application by 2 to 3 weeks due to payment verification.

At this website you will need your DLSE Identifier number which is your license number. Your license number appears on the upper right hand corner of the online application form. Once you conclude the payment **you will need to return to this page and enter in the Reference number from the EFT payment.** This number will be provided to you by the CITI Bank Just Pay It website upon completion of your payment.

Transmit

If you wish to pay by EFT you must click the link below:  
<https://www.govone.com/PAYCAL/DIRDLSE>

WCI	<input type="checkbox"/>
Bond	<input type="checkbox"/>
Class Verification	<input type="checkbox"/>

If you wish to pay by Credit Card with no delay, please click the Back button.

Submit

Reference # \*:

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