



IDAHO DEPARTMENT OF LABOR
Wage and Hour Section

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)

- NEW LICENSE (\$250)
 LICENSE RENEWAL (\$250)

2. **FEE ENCLOSED:** (Check one)

- YES
 NO

3. **TYPE OF BUSINESS ENTITY:** (Check one)

- Sole Proprietor Partnership of ____ individuals
 Corporation Limited Liability Partnership of ____ individuals
 Limited Liability Company

APPLICANT INFORMATION

4. Applicant's Name: _____
(First) (Middle) (Last)

5. Home Address: _____
(Street)

(City) (County) (State) (ZIP)

6. Home Phone: (____) _____ 7. Date of Birth: _____

8. Social Security Number: _____

Email Address: _____

BUSINESS INFORMATION

9. Business Name: _____

If no business name, check here:

10. Business Address (if different than #5): _____
(Street)

(City) (County) (State) (ZIP)

11. Business Phone: (____) _____ 12. FAX (if applicable): (____) _____

13. Mailing Address (if different than #5 or #10): _____
(Street)

(City) (County) (State) (ZIP)

23. Do you provide, or will you provide, housing for your workers? (Check one)

- 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 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

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 certificates provided.

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)

30. Proof of financial responsibility must be submitted with this application. What type of proof of financial responsibility are you submitting? (Check one)

- Corporate surety bond
 Cash or equivalent of cash deposit

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

