

6. List all individuals having financial interest in the business: (Attach additional sheet, if necessary)

- a) Name: _____ Percent: _____
 Complete Address: _____
- b) Name: _____ Percent: _____
 Complete Address: _____
- c) Name: _____ Percent: _____
 Complete Address: _____

7. Have you or any person listed in # 6 been convicted of any felony under state or federal law?

No Yes – If yes, give name, date, place and type of conviction:

- a) Name: _____ Date: _____
 Place: _____ Type: _____
- b) Name: _____ Date: _____
 Place: _____ Type: _____
- c) Name: _____ Date: _____
 Place: _____ Type: _____

8. Have you or any person listed in # 6 had a Farm Labor Contractor's License or Certificate suspended, denied, or revoked by any state or the U.S. Department of Labor?

No Yes – If yes, give name of jurisdiction, address, telephone number and reason

Name: _____
 Address: _____
 Phone #: _____
 Reason: _____

9. List any grower/agricultural employer you performed farm labor contracting activities (see question # 12) for in the last 3 years.

NAME	ADDRESS	TELEPHONE NUMBER	DATE
NAME	ADDRESS	TELEPHONE NUMBER	DATE
NAME	ADDRESS	TELEPHONE NUMBER	DATE
NAME	ADDRESS	TELEPHONE NUMBER	DATE

10. List the cities/towns and states where workers will be recruited from:

	CITY/TOWN	STATE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

11. List the Nebraska counties where work will be performed and type of crop/agricultural commodities that will be worked:

	COUNTY	CROP/AGRICULTURAL COMMODITIES
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

12. Check any activities you will perform that involves migrant or seasonal agricultural workers:

- Recruit Workers Hire Workers Furnish Workers Transport Workers
 Solicit Workers Employ Workers House Workers Subcontract with Workers

13. How many migrant/seasonal agricultural workers will work for you this year? In Nebraska _____ In USA _____

14. How will workers be paid? Daily Weekly Other, explain _____
Who will pay the workers? _____

15. Will the agricultural worker(s) perform work beyond 50 miles of their permanent residence? Yes No

16. Give the predominant language(s) spoken by migrant or seasonal workers whom you expect to work in Nebraska.

1. _____ 2. _____ 3. _____

17. List all individual(s) that need a Farm Labor Contractors Exemption Certificate Card.
(See question # 12 for activities that require certificate cards – add additional sheet(s), if necessary)

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Question # 17 Continued

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

Name: _____ Address: _____

Telephone #: _____ Date of Birth: _____ Male Height: _____ Weight: _____

Social Security #: _____ Place of Birth _____ Female Eyes: _____ Hair: _____

STATE OF _____)

COUNTY OF _____)

I, _____ being duly sworn, deposes and says no person other than those mentioned in the foregoing application are financially interested in the business to be carried on under the Farm Labor Contractor's Certificate of Exemption when issued, and that all statements made in this application are true and correct. Applicant further affirms that he or she is fully aware of all applicable provisions of the Nebraska Farm Labor Contractor's Act, Sections 48-1701 through 48-1714, and that the applicant has knowledge of the penalties that may be imposed for violations of these laws.

Signature Title

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public

My commission expires on: _____