

# Farm Labor Contractor License Application

## Instructions

Please read the instructions below before completing. If additional space is needed to answer any questions, please attach additional sheet(s). Please type or print.

**Labor Standards**  
550 S. 16th Street  
Lincoln, NE 68508  
402-471-2239

1. Answer all questions which relate to your business. For questions not related to your business, write "N/A" or "Not Applicable" on the appropriate line(s)
2. Two (2) passport photographs (2 inches by 2 inches) of each individual listed in question #19 must be submitted with application.
3. If application is for a partnership, limited liability company, cooperative association or corporation, the application and all attachments must be submitted at the same time.
4. Send the completed application and a check or money order for \$250.00 to the Nebraska Department of Labor at the address listed above.

If you need further instructions or assistance, please call 402-471-2239.

## Business Information

1. If you hold a Nebraska Farm Labor Contractor License, enter license number. If you hold a Federal Certificate of Registration issued by the U.S. Department of Labor, enter the certificate number.

Application is:       New       Renewal

NE # \_\_\_\_\_ Federal # \_\_\_\_\_

### For Official Use Only

License #	Date Rec'd	Date Issued	Date Mailed

2. Select type of ownership under which your business is operated. If application is for a partnership, limited liability company, cooperative association or corporation, each individual having a financial interest in the business must complete and file a separate application form.

Individual       Partnership       Limited Liability Company       Cooperative Association       Corporation

3. If application is being made by a partnership, limited liability company, cooperative association, corporation or in a trade name, give the date when registered with the Nebraska Secretary of State's Office: \_\_\_\_\_

4. Provide the following information for your business:

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Federal I.D. Number: \_\_\_\_\_ State Unemployment Insurance #: \_\_\_\_\_

5. Person completing application:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender/Sex:       Male       Female

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

Name: \_\_\_\_\_ Percent: \_\_\_\_\_ Full Address: \_\_\_\_\_

Name: \_\_\_\_\_ Percent: \_\_\_\_\_ Full Address: \_\_\_\_\_

Name: \_\_\_\_\_ Percent: \_\_\_\_\_ Full Address: \_\_\_\_\_

7. Do you or any person listed in question 6 have any unsatisfied judgments issued by a court or governmental agency which relate to farm labor contracting?

Yes No If yes, give person's name, date of judgment, name of court or governmental agency and reason for judgment.

Name: Date: Court/Gov. Agency: Reason:

8. Have you or any person listed in question 6 had a Farm Labor Contractor License or Certificate suspended, denied, or revoked by any state? Yes No Or by the U.S. Department of Labor? Yes No

Name: Date: Place: Reason:

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

Yes No If yes, give person's name, date of judgment, place and type of conviction.

Name: Date: Place: Type:

10. Are you or any person listed in question 6 licensed or registered in any other state? Yes No Or by the U.S. Department of Labor? Yes No If yes, give name, date, place, and reason.

Name: Date: Place:

11. List all of the permanent and temporary addresses inside and outside Nebraska that you use or will be using:

Table with 5 columns: Address, Perm., Temp., In Nebraska, Outside Nebraska

12. List any growers/agricultural employers for whom you performed farm labor contracting activities in the past three years.

Name: Address: Phone #: Date: (repeated 4 times)

13. Check any activities you will perform that involve agricultural workers:

- Recruit workers Hire workers Furnish workers Transport workers Solicit workers Employ workers House workers Pay workers

14. How many migrant/seasonal agricultural workers will work for you this year? In Nebraska In U.S.A

15. How will workers be paid? Daily Weekly Other, explain

16. Will you sub-contract with workers? Yes No

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

1. 2. 3.

18. Complete the information for each vehicle that will be used for farm labor contracting activities (if necessary, attach additional sheet).

**Vehicle #1**

Name of owner: \_\_\_\_\_ Address: \_\_\_\_\_ Make and Year: \_\_\_\_\_

License # and State: \_\_\_\_\_ Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Vehicle I.D. #: \_\_\_\_\_

**Vehicle #2**

Name of owner: \_\_\_\_\_ Address: \_\_\_\_\_ Make and Year: \_\_\_\_\_

License # and State: \_\_\_\_\_ Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Vehicle I.D. #: \_\_\_\_\_

**Vehicle #3**

Name of owner: \_\_\_\_\_ Address: \_\_\_\_\_ Make and Year: \_\_\_\_\_

License # and State: \_\_\_\_\_ Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Vehicle I.D. #: \_\_\_\_\_

19. Identify all individuals involved in the business that will perform farm labor contracting activities. See question 13 for activities. Each individual will be issued a separate Farm Labor Contractor License card. For each individual, please furnish two 2"x2" identical photographs with the name of the individual written on the back of each photo.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Gender: Male Female Height \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Gender: Male Female Height \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Gender: Male Female Height \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Gender: Male Female Height \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Gender: Male Female Height \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Gender: Male Female Height \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Gender: Male Female Height \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name:	_____		Address:	_____						
Phone #:	_____		Date of Birth:	_____	Place of Birth:	_____	Social Security #:	_____		
Gender:	Male	Female	Height	_____	Weight:	_____	Eyes:	_____	Hair:	_____
Name:	_____		Address:	_____						
Phone #:	_____		Date of Birth:	_____	Place of Birth:	_____	Social Security #:	_____		
Gender:	Male	Female	Height	_____	Weight:	_____	Eyes:	_____	Hair:	_____
Name:	_____		Address:	_____						
Phone #:	_____		Date of Birth:	_____	Place of Birth:	_____	Social Security #:	_____		
Gender:	Male	Female	Height	_____	Weight:	_____	Eyes:	_____	Hair:	_____
Name:	_____		Address:	_____						
Phone #:	_____		Date of Birth:	_____	Place of Birth:	_____	Social Security #:	_____		
Gender:	Male	Female	Height	_____	Weight:	_____	Eyes:	_____	Hair:	_____
Name:	_____		Address:	_____						
Phone #:	_____		Date of Birth:	_____	Place of Birth:	_____	Social Security #:	_____		
Gender:	Male	Female	Height	_____	Weight:	_____	Eyes:	_____	Hair:	_____
Name:	_____		Address:	_____						
Phone #:	_____		Date of Birth:	_____	Place of Birth:	_____	Social Security #:	_____		
Gender:	Male	Female	Height	_____	Weight:	_____	Eyes:	_____	Hair:	_____
Name:	_____		Address:	_____						
Phone #:	_____		Date of Birth:	_____	Place of Birth:	_____	Social Security #:	_____		
Gender:	Male	Female	Height	_____	Weight:	_____	Eyes:	_____	Hair:	_____
Name:	_____		Address:	_____						
Phone #:	_____		Date of Birth:	_____	Place of Birth:	_____	Social Security #:	_____		
Gender:	Male	Female	Height	_____	Weight:	_____	Eyes:	_____	Hair:	_____
Name:	_____		Address:	_____						
Phone #:	_____		Date of Birth:	_____	Place of Birth:	_____	Social Security #:	_____		
Gender:	Male	Female	Height	_____	Weight:	_____	Eyes:	_____	Hair:	_____

20. List all contracts/agreements you have with any farmer, grower or land owner.

Farmer, Grower, or Landowner: _____	Type of Crop: _____	Location: _____
Farmer, Grower, or Landowner: _____	Type of Crop: _____	Location: _____
Farmer, Grower, or Landowner: _____	Type of Crop: _____	Location: _____
Farmer, Grower, or Landowner: _____	Type of Crop: _____	Location: _____
Farmer, Grower, or Landowner: _____	Type of Crop: _____	Location: _____

## Notarization

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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 License when issued, and that the vehicles used to transport workers are insured in an amount sufficient to comply with the Nebraska Financial Responsibility Law. Applicant further affirms that he or she is fully aware of all applicable provisions of the Nebraska Farm Labor Contractors 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, and all statements made in this application are true and correct.

\_\_\_\_\_  
Signature of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires on: \_\_\_\_\_

## Declaration of Trust

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\_\_\_\_\_, as Grantor and a licensed farm labor contractor under the laws of the State of Nebraska, hereby creates this Trust pursuant to Section 48-1705, R.R.S. Neb. as proof of financial responsibility. The undersigned Grantor hereby designates the Nebraska Commissioner of Labor as Trustee to hold in Trust a certificate of deposit issued by \_\_\_\_\_ in the name of the Nebraska Commissioner of Labor as Trustee, which certificate of deposit is evidenced by Account No. # \_\_\_\_\_.

The terms of this Trust and obligations are such that if \_\_\_\_\_ as a licensed farm labor contractor under the laws of the State of Nebraska performs the following:

- a. Pays in full all sums due on wage claims for employees; and
- b. Pays all sums due to the grower or producer of agricultural commodities for advances made to or on behalf of the above described farm labor contractor; and
- c. Complies with all the terms, conditions, provisions or requirements of Sections 48-1701 through 48-1714 inclusive of the Revised Statutes of Nebraska, and the Rules and Regulations adopted pursuant to the Nebraska Farm Labor Contractors Act, Title 227, Chapter 1 through 20.

Then this Trust shall be terminated as of \_\_\_\_\_, \_\_\_\_\_, and the certificate of deposit held in Trust herein by the Nebraska Department of Labor as Trustee shall be returned to the farm labor contractor, otherwise said Trust shall remain in full force and effect.

It is the intention of the Grantor herein that the term of this Trust shall be from its date of inception through \_\_\_\_\_, \_\_\_\_\_, during which term this Trust this trust cannot be canceled or otherwise terminated by the Grantor. Provided the Commissioner of Labor has received no claims against this Trust within six (6) months from the \_\_\_\_\_, \_\_\_\_\_, the Commissioner will consent to termination of the Trust and surrender the certificate of deposit attached hereto to the said \_\_\_\_\_ at the end of said six (6) month period.

IN WITNESS WHEREOF, the undersigned Grantor of this Trust has caused this Trust document to be executed on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
GRANTOR

The above foregoing Trust was executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, Grantor, before the undersigned witnesses and declared by said Grantor to be his or her voluntary act and deed and declaration of Trust for the purposes set forth therein.

IN WITNESS WHEREOF, the undersigned witnesses have subscribed their names as attesting witnesses to the Trust document the day and year first above written.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
WITNESS

**KNOW ALL MEN BY THESE PRESENTS:**

That we, \_\_\_\_\_ of the County of \_\_\_\_\_, State of Nebraska, as Principal, and \_\_\_\_\_ as Surety, authorized to do business in the State of Nebraska, are held and firmly bound unto the Commissioner of Labor, State of Nebraska, in the sum of Five Thousand and No/100 Dollars (\$5,000.00), lawful money of the United States, for which payment well and truly to be made, we bind ourselves and our heirs, executors, administrators or successors, and assigns, jointly and severally firmly by these presents.

WHEREAS, the Principal herein above designated has received or is about to receive a license as a Farm Labor Contractor under the provisions of the Farm Labor Contractors Act;

NOW THEREFORE, the condition of this obligation is such that if the Principal hereinabove designated:

- a. pays in full all sums due on wage claims of employees; and
- b. pays all sums due to the grower or producer of agricultural commodities for advances made to or on behalf of the Principal, and
- c. complies with all the terms, conditions, provisions or requirements of Sections 48-1701 through 48-1714, Compiled Statutes of Nebraska, inclusive,

then this obligation shall be void and of no effect, otherwise it shall be and remain in full force and effect.

The term of this bond shall be from \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ to March 31, \_\_\_\_\_, during which the term of this bond cannot be canceled or otherwise terminated.

If the Commissioner has received no claims against this bond within six (6) months from the date of its expiration, the Commissioner will terminate and surrender this bond to the person who is entitled thereto at the end of the six (6) month period.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
By

\_\_\_\_\_  
Nebraska Resident Agent

\_\_\_\_\_  
(Surety and Seal)

\_\_\_\_\_  
Mailing Address

By: \_\_\_\_\_  
Attorney-in-Fact

## Template for Agreement between Farm Labor Contractor and Worker

Name of Worker: \_\_\_\_\_ Name of Contractor: \_\_\_\_\_

1. Rate of pay: \_\_\_\_\_ 2. Pay Days:  Daily  Weekly  Other: \_\_\_\_\_  
(Rate per hour or piece work rate)

3. Bonuses will be given under the following conditions: \_\_\_\_\_

4. Personal loans will be made under the following conditions: \_\_\_\_\_

5. Your employment begins on \_\_\_\_\_ and end on approximately \_\_\_\_\_  
(Date) (Date)

6. Your working hours and days are as follows: \_\_\_\_\_

7. Special conditions, if any: \_\_\_\_\_

8. Check the statement that best applies.

Necessary equipment and clothing may be obtained or borrowed from the employer. The type(s) of and/or the conditions for obtaining equipment and clothing are as follows:  
\_\_\_\_\_

Necessary equipment and clothing may be obtained or borrowed from the employer. The type(s) of and/or the condition(s) for obtaining equipment and clothing are as follows:  
\_\_\_\_\_

9.  There is not a labor dispute at the worksite  There is a labor dispute at the worksite

10. For this job, the owner of the land or operations is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

11. Other working conditions: \_\_\_\_\_  
(Housing, Health, Day Care, Etc.)

### Rights of Workers

There are laws in Nebraska which control the activities of Farm Labor Contractors. Under these laws, contractors have to:

1. Have a license and show it to persons with whom he or she deals with.
2. Furnish each worker which he or she hires, recruits, solicits, or supplies, a copy of this form or a similar form which describes the terms and conditions of employment and the rights of the worker. This form must be written in English and in any other language used to communicate with workers.
3. Post a notice in a conspicuous place which states rights of workers and that the contractor has a \$5,000.00 bond or deposit. This notice must state if the contractor owes wages to a worker and does not pay, the worker may make a claim against the bond or deposit.

Each worker has the right to take legal action against a contractor if that contractor violates certain laws which control the contractor's activities. For information about your right to take legal action, call the Nebraska Department of Labor at (402) 471-2239.

This farm labor contractor maintains a minimum of \$5,000.00 in the form of a corporate surety bond or a minimum deposit of \$5,000.00 with the Commissioner of Labor.

For information contact:

Nebraska Department of Labor | Labor Standards  
550 S 16th Street  
Lincoln, NE 68508  
(402) 471-2239

\_\_\_\_\_  
Name of Bonding Company

\_\_\_\_\_  
Address of Company

\_\_\_\_\_  
Name and Phone # of Agent

I hereby acknowledge that I have received a copy of this agreement on \_\_\_\_\_.

\_\_\_\_\_  
Number of Bond

\_\_\_\_\_  
Worker's signature

\_\_\_\_\_  
Farm Labor Contractor's signature



## Earning Statement Template

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The following is a sample which can be used to fulfill the requirements of Section 48-1711 of the Farm Labor Contractors Act, which states that each worker must be furnished a written statement with each compensation payment itemizing:

- The total (gross) payment
- The amount of and purpose for each deduction therefrom
- The hours worked in the pay period
- If work is done on a piece basis, the number of pieces completed

### WAGE EARNING STATEMENT

Date (month, day, year)	Gross Wages Earned	\$
Name of employee	F.I.C.A	\$
Social Security Number	O.A.D.S.I. (Soc. Security)	\$
Inclusive dates of pay period	State Withholding	\$
Total hours worked in pay period		\$
Piece rate	Number of pieces	
Employer's name and address		\$
	Total Deductions	\$
	Net Wages Earned	\$

Lo siguiente es una muestra que se puede usar para cumplir con los requisitos de la Sección 48-1711 de la Ley de Contratista de Labor de Rancho, la cual declara que a cada trabajador le deben de proveer una declaración escrita con cada pago de compensación declarando:

- El pago total
- La suma del propósito de cada reducción del pago total
- Las horas trabajadas en el periodo de trabajo
- Si ha hecho trabajo por pieza, el número de piezas completadas

### DECLARACION DE SUELDO

Fecha (mes, día, año)	Sueldo Ganado	\$
Nombre del empleado	F.I.C.A	\$
Numero de Seguro Social	O.A.D.S.I. (Seguro Social)	\$
Fechas inclusivas en periodo de pago		
	Impuesto Retenido del Estado	\$
Horas total trabajadas en periodo de pago		\$
Pago por pieza	Numero de piezas	
Nombre y dirección del Patron		\$
	Total de Deducciones	\$
	Salarios Netos Ganados	\$