

Farm Labor Contractor Certificate of Exemption Application



Farm Labor Contractor Certificate of Exemption entitles you to perform farm labor contracting activities without a Farm Labor Contractor's License **only if at least 80% of your workforce is comprised of individuals who are 17 years old or younger.**

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

Instructions

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

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. If application is for a partnership, limited liability company, cooperative association or corporation, all application forms must be submitted at the same time. Each individual having a financial interest must complete and file a separate application form.

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

Business Information

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

For Official Use Only			
License #	Date Rec'd	Date Issued	Date Mailed

Application is: **New** **Renewal**

NE # _____ Federal # _____

2. Indicate the 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 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. 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, place and type of conviction:

Name: _____ Date: _____ Place: _____
Type: _____

8. Have your or any person listed in question 6 had a Farm Labor Contractor License or Certificate suspended, denied, or revoked by any state or the U.S. Department of Labor? Yes No If yes, give name of jurisdiction, address, telephone number and reason.

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

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

Name: _____ Address: _____ Phone #: _____ Date: _____
Name: _____ Address: _____ Phone #: _____ Date: _____
Name: _____ Address: _____ Phone #: _____ Date: _____
Name: _____ Address: _____ Phone #: _____ Date: _____

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

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

Table with 2 columns: City/Town, State. Rows 1-6.

Table with 2 columns: County, Crop/Agricultural Commodities. Rows 1-6.

12. 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

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

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

1. _____ 2. _____ 3. _____

17. Identify all individuals involved in the business that will perform farm labor contracting activities. See question 12 for activities. Each individual will be issued a separate Farm Labor Contractors Exemption Certificate card.

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: _____

Notarization

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 Certificate of Exemption 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: _____