



Application for Grower/Processor Certificate of Migrant Registration

April 1, 20\_\_ to March 31, 20\_\_

Submit a separate application for each camp or location where migrants will be housed.

Will you bring five or more non H-2A workers into New York State without using a contractor?

Yes No

If your answer is No, do not complete this form. If your answer is Yes, answer all questions. Either way, you must complete and return the accompanying letter.

Please print in ink or use typewriter.

1. Name of grower/processor Mailing address City - Town - Village State Zip Code County Telephone No.

2. Name of farm/plant Route No. - Road City - Town - Village State Zip Code County Telephone No.

Table with 4 columns: 3. No. of migrants, 4. Home state(s) or country(s), 4a. Primary Language(s), and Approximate Dates of Employment (5. Date migrants begin work, 6. Date migrants end work).

7. Location where workers will be housed Camp Offsite Route No. - Road City - Town - Village State Zip Code County

8. Do you provide housing? Yes No If yes, complete the following information to describe the housing: No. and type of buildings, No. of bathrooms, No. of dining rooms, No. of bedrooms, Other rooms, No. of kitchens, (No. & type)

9. Will there be a commissary selling food or other goods at this location? Yes No What type of goods will be sold or leased at this commissary? Meals Groceries Other (Specify)

10. Name of person who will operate the commissary and address at which he or she can be reached

11. List chief crops, the work to be done and wage rate the workers will be paid for each type of work on each crop.

Table with 3 columns: 11A. Chief crops, 11B. Work to be done, 11C. Rates per box, per bin, per hour, etc. (Specify the capacity of boxes, bins, etc.)

12. When will wages be paid? Daily Weekly Every two weeks 13. What day of the week are wages paid? By whom? Title? 14. Number of hours for a standard work day 15. Number of hours for a standard work week

16. Other scheduled hours (i.e., Part-Time) 17. Specify any agreement made with the worker for additional wages (i.e., bonus-explain how bonus will be earned, amount and when it will be paid)

18. Will a premium be paid for overtime? Yes No If yes, explain your overtime requirements (e.g., after 8 hours daily, 40 hours weekly, etc.)

19. List benefits provided by the employer (i.e., sick leave, personal leave, holidays, health insurance, etc.)

20. Will workers be charged for any items?  Yes  No If yes, complete items 21 and 22 below.

21. Name and position of person who will make each charge

22. List charges, amount of charges and all other planned payroll deductions, as well as non-economic terms and conditions of employment (transportation availability, medical service, child care, schooling, etc.)

Payroll deductions other than SS and taxes (explain)	
Other charges (explain)	
Non-economic terms and conditions (explain)	

23. No permit or certificate can be issued unless the required documents (see below) are received and you sign the certification below.

**From your insurance company**, you must obtain a completed C-105.2 proving Workers' Compensation Insurance coverage and a completed DB-120.1 proving Disability insurance coverage. Both forms are to be provided to this office. Other acceptable forms of proof:

- U-26.3 from SIF
- If self-insured, SI-12 or GSI-105.2 for WC and DB-155 for Disability

If insured through the NY State Insurance Fund, you may call toll free 888-875-5790 to request form U-26.3 and 866-697-4332 to request form DB-120.1.

If **not** liable for WC and/or Disability insurance, provide a completed CE-200 to this office. This form can be obtained on-line at [www.wcb.ny.gov](http://www.wcb.ny.gov). On the home page, click on "WC/DB Exemptions" then click on "Request for WC/DB Exemption". You may contact the Workers' Compensation Board at 866-298-7830 for assistance in obtaining this form. When you call, wait until the menu finishes for someone to give you assistance.

I hereby certify that all information contained in this application is true and accurate.

24. Federal Employer Identification Number (FEIN) \_\_\_\_\_

25. \_\_\_\_\_

Signature of

Grower

Processor

26. Title

27. Date signed

Approval of this application does not permit employment contrary to any applicable minimum wage law or any more favorable agreements contained in existing labor contracts for these employees by this employer, for the same type of work.