

# APPLICATION FOR A FARM LABOR CONTRACTORS LICENSE



1.	Application for licensing year beginning March 1, 20					<b>N#:</b> -	-					
2.	Federal MSPA # (required for Maryland license):											
3.	. Applicant identification (Please type or print)											
Name:					Telephone:							
Permanent address:			ox Street Address									
City	City		State			Zip						
	Height:	,,	Weight:	Hair color:		Eye color:						
Date of birth:  Month/Day/Year				Place of birth:								
4.	Applicant's a	address	in Maryland:									
<b>5.</b> Ha	Convictions a			vunder state or federa	l law?		∏Yes	□ No				
Ha rela alc	Have you been convicted within the past five years of a misdemeanor relating to gambling or to the sale, distribution, or possession of an alcoholic beverage or controlled dangerous substance in connection with farm labor contracting activities?											
Have you ever had a farm labor contractor registration certificate suspended or revoked by the US Department of Labor or any state?												
6.	Worker/Crev	v Infori	mation:									
How many migrant workers will work for you in Maryland?  How many adults who are not members of the crew will come to Maryland with the crew?  How many school-age children will come to Maryland with the crew?  What are the predominant languages spoken by the crew?   English   Spanish   Haitian   Other												
7. CONSENT TO SERVICE OF PROCESS. I appoint whose Maryland address is , to serve as my resident agent to accept service of process when I have left Maryland or otherwise am unavailable to accept service.												

NOTE: You must appoint an individual (not a company) who is a permanent resident of Maryland and who has agreed to serve as your resident agent.

### What farm labor contracting services will you provide in Maryland? Recruit Transport Employ House Provide Pay 9. Payroll and insurance: Crew leader Grower(s) Others (Please specify) Who will pay the crew? Who will keep copies of your payroll (N/A)records in Maryland after you leave this State? Who will provide workers' compensation insurance for the crew in Maryland? Name of insurance company: Address: Policy or binder number: Will be provided by Name of insurance company: Address: Policy or binder number: A certificate of insurance: \Bigcap Is enclosed Will be provided by 10. List each grower for whom you will work in Maryland. Name: Address: Work dates: from to Name: Address: Work dates: from to Name: Address: Work dates: from to

8. Farm Labor Contracting Activities:

Name Street	e will the crew live of the camp or mo address (not post of tho will provide or	tel: office box):										
	Crew leader Grov		ver Crew		,	Other						
12. T	ransportation Info											
How v	will the crew get to	Maryland, a	and from their ho	ousing to	the fiel	_						
	rew provides their rew leader provide omeone else provide ho?	s transportati les transporta	on ation	own tre	ncnor	tation	ancv	ver the	items he	low		
	<u>Uniess</u>	s the crew p	<u> provides their</u>	OWII tra	mspor	<u>tanon,</u>	ansv	ver tile	items be	<u>:10W.</u>		
	ach vehicle to be use used to transport			Maryland	. Note:	: You m	ust pi	ovide a	certificate	e of ir	ısuran	ce for eac
Year	Year Make Model		Tag # State Insuran			surance	ce company			Policy #		
Identi	ify each driver wh	o will drive	the crew in Ma	aryland.								
Name:			MSPA #:	-	-	-	-	-	SSN #		-	-
Driver's	License #:		State:	]	License	e Type:		Expi	ration Dat	e:		
Name:			MSPA #:	_	-	-	_	-	SSN #:	:	-	-
Driver's	License #:		State:	License	Type:		Exp	iration I	Date:			
Name:			MSPA #:	_	_	_	_	_	SSN #:		_	_
	License #:		State:	License	Type:			iration I				
Name:			MSPA #:	-	-	-	_	-	SSN #		-	-
Driver's License #:			State:	License Type:		Expiration Date						

11. Housing Information:

## FILING THIS APPLICATION DOES <u>NOT</u> AUTHORIZE YOU TO WORK AS A FARM LABOR CONTRACTOR IN MARYLAND.

If your application is approved, you will be issued a Maryland license.

A knowing misrepresentation in this application is grounds for denial, suspension, or revocation of a farm labor contractor's license.

I certify that the information provided on this application is true and complete, and that I have read and fully understand the requirements of the Maryland Farm Labor Contractors law.

Date

Signature of Applicant

#### An application must be completed and signed and include:

- A \$25.00 check or money order payable to the Division of Labor and Industry.
- Two (2) recent passport size **color** photographs of the applicant, signed in ink along the left front side.
- Proof of workers' compensation insurance coverage for the crew in Maryland.
- Proof of insurance for each vehicle to be used to transport the crew in Maryland, issued by a company authorized to do business in Maryland.

#### A FARM LABOR CONTRACTOR SHALL:

Carry a valid Maryland Farm Labor Contractors license while working as a farm labor contractor in Maryland, and show the license to each person with whom the licensee intends to deal as a farm labor contractor and to authorized persons upon request.

Notify the Commissioner of Labor and Industry within 10 days of any change in the information provided on the license application.

Provide written disclosures about terms and conditions of employment to each crew member <u>before</u> bringing the crew to Maryland.

Comply with agreements with growers and with members of the crew.

Keep records of wages owed and paid to the crew, whether or not the farm labor contractor is responsible for paying the crew.

Post terms and conditions of housing, if housing is provided for the crew.

Comply with vehicle safety standards, licensing standards, licensing and insurance requirements, if transportation is provided for the crew.

#### THE FULL PROVISIONS OF THE LAW AND REGULATIONS ARE CONTAINED IN:

- Labor and Employment Article, Title 7 of the Maryland Code
  - Code of Maryland Regulations 09.12.45

Forward the completed applications, along with enclosures, to the following address:

Department of Labor
Division of Labor and Industry
Farm Labor Contractors Licensing Program
Attn: Program Manager
10946 Golden West Drive, Suite 160
Hunt Valley, MD 21093

(410) 767- 9885 Fax: (410) 333-7303

E-mail: <u>dldlifarmlaborcontlic-dllr@maryland.gov</u> *A incomplete application may be returned.* 

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