Department of Workforce Development Division of Employment & Training Migrant and Seasonal Farmworker Programs 1819 Aberg Avenue Suite C Madison, WI 53704



# Application for Migrant Labor Contractor and Employee/Agent of Migrant Labor Contractor to Operate in Wisconsin

**Use of this form:** This form is required for individuals to register as Migrant Labor Contractors under Wis. Stat. § 103.91(1). Pursuant to Wis. Stat. § 103.91(2), the migrant labor contractor may submit a copy of a federal Farm Labor Contractor Certificate of Registration application in lieu of this form. This form is also required for Employees or Agents of Certified Migrant Contractors in Wisconsin who, pursuant to Wis. Stat. § 103.91(7) must provide information to receive an "Agent Identification Card" in order conduct business in Wisconsin.

Misrepresentation on this application, violation of Wis. Stat. §§ 103.90-103.97, violation of § DWD 301, failure to pay court-ordered child or family support, delinquent taxes, or delinquent unemployment insurance contributions may result in denial of your migrant labor contractor certificate. See Wis. Stat. § 103.91(4).

No identification card will be issued until all materials have been received and verified.

No certification will be issued until all materials have been received and verified. No one may begin working as a migrant labor contractor in Wisconsin until the certificate has been issued. Please apply for certification no less than 20 days before you wish to begin work in Wisconsin. Providing an incomplete application, including failure to provide Form WH-514 and insufficient insurance coverage, may result in additional delays in gaining certification in Wisconsin.

#### Instructions:

## Migrant Labor Contractors (Company or Independent Contractor)

Individuals who must certify as **Migrant Labor Contractors** in Wisconsin must complete Parts I, III, and IV of the form. Mail or email the following items to the Department of Workforce Development for certification:

- The completed form (Parts I, III, and IV)
- A fee of \$100 made out to The Department of Workforce Development (must be mailed)
- A copy of the applicant's U.S. DOL Wage and Hour Farm Labor Contractor (FLC) certificate
- A completed Vehicle Mechanical Inspection Report (Form WH-514) for each vehicle that will be used to transport workers
- A copy of a policy of insurance covering each vehicle to be used for the transportation of migrant workers showing that the
  policy is in full force and effect with policy coverages as described in DWD Admin Code Chapter 301.05(8)(c) and Wis Stat §
  103.91(8)(f)
  - Vehicle liability insurance of not less than \$100,000 per seat per vehicle, but where the total insurance is not required to be more than \$5,000,000 per vehicle, is required for all vehicles by the Department. Wisconsin's vehicle insurance requirements may differ from those of the Department of Labor.

Any updates to this form including contracting with additional employers, using additional vehicles, performing additional activities as it relates to migrant labor, etc., must be provided to the Department and approved before updates may take effect.

Migrant Labor Contractors must submit the application for employees or agents of a certified Migrant Labor Contractor within 10 days of hiring.

### **Employees of a Migrant Labor Contractor (Agent)**

Applications for individuals who are **employees or agents of a certified Migrant Labor Contractor** must include completed Parts I, II, and IV of the form. Mail or email the following items to the Department of Workforce Development to obtain an "Agent Identification Card" in order to conduct business in Wisconsin:

- The completed form (Parts I, II, and IV)
- A copy of the applicant's U.S. DOL Wage and Labor Farm Labor Contractor Employee (FLCE) certificate
- No fee is required for employees or agents of Migrant Labor Contractors.

#### Mail:

Wisconsin Department of Workforce Development Division of Employment & Training Migrant and Seasonal Farmworker Programs 1819 Aberg Avenue Suite C Madison, WI 53704

## Email: MSFW@dwd.wisconsin.gov

Provision of your social security number (SSN) is mandatory per Wis. Stat. § 103.91(2)(b)1. Failure to provide your SSN will result in denial of your application, unless the applicant submits a statement made or subscribed under oath or affirmation that they do not have a social security number. In addition, Migrant Labor Contractors who are not applying as an individual must provide the federal employer identification number per Wis Stat § 103.91(2)(b)1. The Department of Workforce Development may not disclose the SSN or FEIN to any person except to the Department of Revenue and Department of Children and families per Wis Stat § 103.91(2)(b)3.

Information provided, other than SSN and FEIN, may be used for other purposes,

. Арріісані Нан	ne (last, first, middle initial)						
. Application for	r:	3. Social Secu	rity Number	4. Date of Birth (mm/dd/yyyy)			
Initial	Renewal						
. Applicant Hon	ne Address (street, R.F.D.,	or P.O. Box)					
. City, State, Zip	p Code						
7. Telephone Number			8. Email Address	8. Email Address			
Do you drive a vehicle to transport workers?			If Yes, provide the fo	If Yes, provide the following the information:			
Yes	No		Driver's license no.	Driver's license no.			
			State of issuance				
			Expiration date				
<ol><li>Has the U. S. labor contract</li></ol>		y other state denied/ref	used your application or re	voked/suspended your license to operate as a migrant			
		y other state denied/ref	used your application or re	voked/suspended your license to operate as a migrant			
labor contractor	or?		used your application or re	voked/suspended your license to operate as a migrant			
labor contractor Yes Please provide	or? No e explanation and documer	ntation of correction:					
Iabor contractor Yes Please provide  1. Has the Wis	or?  No e explanation and documer  consin Department of Reve	ntation of correction:					
labor contractor Yes Please provide  1. Has the Wis Yes	or?  No e explanation and documer sconsin Department of Reve	ntation of correction: enue certified that you a	are liable for delinquent tax	es?			
labor contractor Yes Please provide  11. Has the Wis Yes	or?  No e explanation and documer sconsin Department of Reve	ntation of correction: enue certified that you a	are liable for delinquent tax				
Iabor contractor Yes Please provide  11. Has the Wis Yes  12. Has the Wis Yes  13. Has the Wis	No e explanation and documer sconsin Department of Reve No sconsin Department of Worl	ntation of correction: enue certified that you a	are liable for delinquent tax rtified that you are liable for	es? r delinquent unemployment insurance payments?			
Iabor contractor Yes Please provide  11. Has the Wis Yes  12. Has the Wis Yes  13. Has the Wis	No e explanation and documer  sconsin Department of Reve  No sconsin Department of Worl  No sconsin Department of Child	ntation of correction: enue certified that you a	are liable for delinquent tax rtified that you are liable for	es? r delinquent unemployment insurance payments?			
labor contractor Yes Please provide  1. Has the Wis Yes 2. Has the Wis Yes 3. Has the Wis child suppor	No e explanation and documer  sconsin Department of Reve No sconsin Department of Worl No sconsin Department of Child rt or related expenses?	ntation of correction: enue certified that you a kforce Development cer	are liable for delinquent tax rtified that you are liable for county child support agenc	es? r delinquent unemployment insurance payments?			
labor contractor Yes Please provide  11. Has the Wis Yes  12. Has the Wis Yes  13. Has the Wis child suppor	No e explanation and documer  sconsin Department of Reve  No sconsin Department of Worl  No sconsin Department of Chilort or related expenses?  No	ntation of correction: enue certified that you a kforce Development cer	are liable for delinquent tax rtified that you are liable for county child support agenc	es?			
Iabor contractor Yes Please provide  1. Has the Wis Yes  12. Has the Wis Yes  13. Has the Wis child suppor	No e explanation and documer  sconsin Department of Reve  No sconsin Department of Worl  No sconsin Department of Chilort or related expenses?  No	ntation of correction: enue certified that you a kforce Development cer	are liable for delinquent tax rtified that you are liable for county child support agenc	es? r delinquent unemployment insurance payments?			

15. Name of registered Migrant Labor Contractor you are working for:

You do not need to complete Part III as the employee or agent of the Contractor. Skip to Part IV

Part III: To be completed by Migrant Labor Contractor											
Any person who, for a fee or other consideration, on behalf of another person or organization, recruits, solicits, hires, or furnishes migrant workers for employment in this state.											
16.	5. Veteran Fee Waiver Eligibility Code:										
	*If you are a <b>Veteran applying for a first time certificate</b> , you may be eligible for a one-time fee waiver. For more information on fee waiver go to <a href="http://dva.state.wi.us/Ben-FeeWaiver.asp">http://dva.state.wi.us/Ben-FeeWaiver.asp</a> .										
17.	Do you operate as a(n):										
	☐ Individual ☐ Corporation ☐ Partnership ☐ Association ☐ Other: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐										
18.	8. Legal Name of LLC/Corporation/Partnership/Association 19. FEIN										
20.	20. LLC/Corporation/Partnership/Association Address, if different from Part I										
21.	21. Do you perform one or more of the following activities with respect to migrant workers? (Check all that apply.)										
	Solicit Rec	ruit Hire	Furr	nish W	orkers	House	е	Transport			
22.	For the activities listed in o	question 21, please l	st:								
	Number of U.S. Migran	t Workers from Ou	itside of Wisc	onsin*	:						
	Number of H-2A Worke	ers**:									
	Number of Seasonal Agricultural Workers (local)***:										
23.											
	Yes No				Но	tels	Migrant Camp/Barracks				
	If No, does the Employer/0	Contractor assist in r	ecommending		Мо	bile Homes	Apartments				
	housing options?				Du	Ouplexes Other:					
	Yes No										
24.	24. Will you be transporting workers (driving them yourself or paying someone to drive them)?										
	Yes No										
	If Yes, in the table below list the make, model, year, and VIN of vehicles used to transport workers. Proof of Insurance (POI) and a Vehicle Inspection Report (WH-514) must be included for each vehicle. If more than five vehicles will be used, provide information in a separate attachment. If you are not providing transportation, ensure Question 24 is completed above.										
	Failure to report that you will be providing transportation and failure to provide vehicle documentation may result in denial of your application or revocation of your Migrant Labor Contractor Certification under Wis Stat § 103.91(4)(a)1. Certificate will not be issued until POI and WH-514 are										
	provided for each vehicle. Issuance amounts are defined in Wis. Stat. § 103.91(8)(f) and DWD Admin Code § DWD 301.05(8)(c).										
	Make	Mode	l		Ye	ar		VIN	POI	WH-514	
	Do you charge workers a fe		If Yes, list the	e activi	ties for w	hich a fee is cha	I arged and ex	rplain:			
	activities you checked in Question 21 above? 1.										
	Yes No		2.								
	3.										
4.											
5.											

26. You <u>must</u> list <b>all <u>employers</u></b> in which you will be working for/with. If more than five, attach a separate page.						
Name of Employer	County	Anticipated Work Dates				
27. Do you presently hold, or have you ever held a Labor or any state?	federal certificate to operate as a farm labor contra	ctor or crew leader from the U. S. Department of				
Yes No						
If Yes, provide the following:						
When: Wh	ere: Registrati	on number(s):				
Provide a copy of current U.S. DOL Wage ar	nd Hour Farm Labor Contractor (FLC) certificate	and Farm Labor Contractor Employee (FLCE).				
Part IV: To be completed by all Applicants						
A false or dishonest answer to any question in this	application may result in a refusal, suspension or r	evocation of the certificate or registration and a fine.				
I certify that all representations made by	me in this application are true to the bes	t of my knowledge and belief:				
Migrant Labor Contractor Employee/Agent Signatu	ire	Date Signed				
Migrant Labor Contractor Signature		Date Signed				
Migrant Labor Contractor Signature		Date Signed				
	For Office Use Only	<u> </u>				
Date Received at State Office	Date Application Certified	Date Application Disapproved				
	DWD Staff Signature					

<sup>\*</sup> Migrant Workers from Outside of Wisconsin are workers whose permanent residence is outside of Wisconsin who travel to Wisconsin to work in seasonal agricultural jobs. Do not include H-2A workers

<sup>\*\*</sup>H-2A Workers are nonimmigrant foreign workers brought to the U.S. to perform agricultural labor or services of a temporary or seasonal nature. The U.S. Department of Labor approves the use of H-2A workers

<sup>\*\*\*</sup> Seasonal Agricultural Workers are workers who live locally and travel from their permanent residence to work and return to their permanent residence after the workday.