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Ministry of Jobs, Tourism and Skills Training and
Minister Responsible for Labour
Employment Standards Act

APPLICATION FOR FARM LABOUR CONTRACTOR LICENCE

NOTE: Once licensed, your name, address, phone number and number of bonded employees will be published on our website. Please ensure all of your information is **accurate**.

Application for (check one):

New Licence Renewal Licence *If renewal, state previous Licence Number: _____*

1. Legal name under which Farm Labour Contractor will do business _____ _____	Phone Number(s)
	Business: _____
	Cell: _____
Home: _____	

2. Business Address NOTE: This MUST be a physical address, not a PO Box #. _____ _____	3. Mailing Address, if different from Business Address (can be a PO #) _____ _____
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4. The Farm Labour Contractor's business is (check one)

A Proprietorship An Unregistered Partnership A Registered Partnership A Limited Company

5. If you are a limited company or registered partnership, date of incorporation or registration with Registrar of Companies:

Incorporation/Registration Number: _____

6. How long have you been in operation as a Farm Labour Contractor? _____

7. Please provide names of all proprietors; all partners; all directors, officers and shareholders of a limited company; and all other persons financially participating in the proposed operation. Specify "position held"; for example, "director and president" or "shareholder"; or "proprietor"; or "partner".

Name	Position Held	Residence Address	Postal Code	Tel. No	% of Interest

8. Name of duly authorized representative who will write required exam: _____

9. Will the Farm Labour Contractor's operation be conducted in conjunction with any other type of business? No Yes

If yes, what type of business? Please explain in detail and provide name and address of the other business.

10. Have any of the persons listed in Item 7 previously held a Farm Labour Contractor's licence under another company name, either as a director or principal? No Yes

If yes, give details including company name.

11. Do any persons listed in item 7:

a) Owe any unpaid wages in connection with any business activity? No Yes

b) Have any unpaid judgments outstanding? No Yes

c) Have any liens or suits pending in Court? No Yes

If you answered "yes" to any of these questions, attach details; including names, addresses, phone numbers, dates, amounts due, etc.

12. On the following table, please list all businesses/producers to which you provided employees in the past year. Include name(s), address(s), phone number(s) of the farm and the number of employees provided.

Name of owner at farm	Address of farm	Phone #	No. of employees sent to farm	Type of Crop <i>(ie. Nursery, Blueberry, Raspberry, Strawberry, Cold Crop, etc.)</i>

13. List all crops and areas of work that you are willing to supply labour for: _____

14. How many employees did you employ in the past year? _____
Overall _____ Max on Any One Day

15. Have all persons employed by you in the past year been paid all wages in full? Yes No
If 'No', attach full details.

16. How often do you intend to pay your employees?

- Daily Weekly Bi-weekly (*every two weeks*)
 Semi Monthly (*twice a month*) Other: _____
(Specify)

17. How do you calculate the wages of your employees?

- Hourly Daily Weekly
 Flat Rate Piece Rate Other: _____
(Specify)

18. If you provide transportation for your employees, complete the following for each vehicle used to transport workers and attach a current Motor Vehicle Inspection Report for each vehicle listed.

NOTE: If you begin to use another vehicle after you have sent in this application, you must forward the information to the Branch immediately.

Year	Make	Model	License No	Registration No.	Licence Class Required

19. Do you have a safety notice posted in all vehicles you use to transport employees, as required by Employment Standards Regulation 6.1? Yes No

20. List all individuals or firms who transport your workers, along with class of licence held by each driver. You are responsible for ensuring that all drivers are properly licensed.

Name	Address	Phone No.	Class of Licence Held

21. Provide your WorkSafeBC Employer ID Number: _____

22. Are you in compliance with the *Workers' Compensation Act* and the Occupational Health and Safety Regulation? Yes No

23. Maximum number of employees affected by this application: _____

24. Are you in compliance with the Motor Vehicle Act Regulation Division 39 – Road Safety? Yes No

Bond Required

I understand that I will be required to post a bond in the amount specified by Employment Standards Regulation 5.1.

I agree to operate in compliance with all provisions of the *Employment Standards Act* and Regulation.

I understand that as part of this application, I am required to sign a *Release of information* form allowing the Director to obtain information from WorkSafe BC, ICBC, the RCMP, Commercial Vehicle Safety and Enforcement (CVSE) and the Superintendent of Motor Vehicles to ensure my compliance with the *Employment Standards Act* and Regulation.

I hereby certify that the foregoing statements are true and correct. I am aware that if I misrepresent or make a false statement about anything in this application, or fail to comply with the *Employment Standards Act* and Regulation, the director may, in addition to any other penalties, refuse to issue a licence to me, or may cancel or suspend my licence after it has been issued.

Executed at _____, British Columbia, this _____ day of _____, 20____
(City) (Month)

SIGNATURE
(Director or Owner Only)

PRINT NAME
(Director or Owner Only)

Application Fee: \$150.00 One year licence.
 \$450.00 Three year licence.

NOTE: First year Farm Labour Contractors and Contractors who have previously had their licence suspended or cancelled are not eligible for a three year licence. The application fee is not refundable if an application for a licence is not successful, or if a licence is later suspended or cancelled.

The application fee can be in the form of a cheque, bank draft or money order and should be made payable to the "Director of Employment Standards".