Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Application Information Sheet
Labor Contractor License

Who Must Apply? Any person who bids or submits prices on contracts, or any person who for compensation, recruits or supplies workers in construction, for the production of farm crops or the reforestation of lands must apply for a Construction, Farm or Farm / Forest Labor Contractor license, depending on the type of work performed.

License fees:	**$150.00**	CONSTRUCTION LABOR CONTRACTOR LICENSE
	$150.00	FARM LABOR CONTRACTOR LICENSE
	$350.00	FARM / FOREST LABOR CONTRACTOR LICENSE

The Following Entities are Eligible to Receive a License:

1. **Sole Proprietor**
2. **Partnership** or **Limited Liability Partnership** – Note that **each partner** must apply separately
3. **Corporations** – Note, **each** of the shareholders owning a majority of the corporation must submit an application unless there are 10 or more shareholders and more than two shareholders collectively own the majority of the corporation
4. **Limited Liability Company** ("LLC") – Note **each** of the members owning a majority of LLC must submit an application unless the LLC has 10 or more members and more than two members collectively own the majority of the LLC
5. **Cooperative Corporation**
6. **Private non-profit corporation**
7. **Agricultural Association**
8. **Publicly-held corporation** (or Limited Liability Company)
9. **Employee(s)** of a licensed labor contractor – Note, any person acting as a contractor (if different than a licensed sole proprietor, partner, shareholder, or LLC manager or member) must be licensed.

To Obtain a License, <u>Each Applicant</u> is Required to Submit:

1. Appropriate license fee
2. Completed Application (WH-37)
3. **Four (4) <u>current</u>** colored 2" x 2" passport photographs
4. IRS Tax Compliance Certification
5. Oregon Department of Revenue Tax Compliance Certification
6. Oregon Employment Department Tax Compliance Certificate
7. Vehicle Information Sheet (WH-150) if applicable
8. Certificate of Insurance issued by your auto insurance carrier which lists the Bureau of Labor and Industries as the certificate holder and provides a 30-day cancellation notice, for all vehicle(s) used in the operation of this business and used to transport workers **It must also list all vehicles and their Vehicle Identification number***
9. If renewal application, copy of WH-151 **and** WH-153 or equivalent used in your contracting business
10. Certificate of Insurance issued by your Worker's Compensation carrier and which lists the Bureau Labor and Industries as certificate holder **and provides a 30-day cancellation notice***
11. Proof of Financial Responsibility documentation*
12. Certificate WH-56, if applying for exempt license
13. Sponsorship statement (WH-36), if applicable (for employee applicants)
14. Certified Statement (WH-35) and proof of IRS 501(c)(3) exemption for private non-profit corporation applicants

***If applying as an employee of a labor contractor for an employee indorsement, you do not need to submit proof of financial responsibility, or certificates of insurance for vehicles or worker's compensation.**

 This information is available in an alternate format.

ALL assumed business names and corporations **MUST** be registered with the Corporation Division in Salem **PRIOR** to a license being issued. To register, please contact: Oregon Secretary of State - Corporation Division, Public Service Building, Suite 151, 255 Capitol Street NE, Salem, OR 97310. Or call (503) 986-2200.

Proof of Financial Responsibility: Proof of financial responsibility is a Corporate Surety Bond of a company licensed to do business in Oregon, or a cash deposit. All financial responsibility documents are to be submitted on forms that are provided by the Licensing Unit. The proof of financial responsibility shall be in the following amounts:

$10,000 if employing no more than 20 employees
$30,000 if employing 21 or more employees; or for agricultural associations or non-profit corporations

If you are also applying for a **camp operator indorsement**, the minimum amount of the proof of financial responsibility document acceptable is $15,000, regardless of the number of employees employed.

Contractors who employ 21 or more employees and who have been licensed as a labor contractor for at least two years may apply to the Bureau for a **bond reduction**. There is no bond reduction available for contractors with 20 or fewer employees. In addition, application may be made to the Bureau for an **aggregate bond** reduction when a corporation with more than one licensee, or a partnership, has been licensed as a labor contractor for at least one year.

When the contractor elects to make a cash deposit as proof of financial responsibility, the cash deposit is required to be:

1. Issued payable to the "Commissioner, Oregon Bureau of Labor and Industries" exclusively; **AND**
2. Immediately payable to the Commissioner upon demand; **AND**
3. Held in trust through the current license year, **PLUS** six months.

Exemption from Financial Responsibility and Record Keeping Requirements: Applicants for a Farm Labor Contractor License who will be engaged in forestation/reforestation activities may request an Application for Exemption from Bond. FOR THIS EXEMPTION, THE APPLICANT MUST BE: a sole proprietor; engage in forestation/reforestation contracts for under $25,000; and employ two or fewer individuals in the performance of work on all contracts performed in the license year.

License Renewal: The license shall be good for one year from date of issue. Renewal applications are sent to all licensed contractors prior to the expiration of the current license.

Temporary Permit: A temporary permit may be issued prior to taking the exam. It shall be valid for 60 days, however, arrangements must be made to SCHEDULE and TAKE the exam within 45 days of issue. It shall be the contractor's responsibility to contact the Salem office to arrange for an appointment to take the exam. It is suggested that you do not wait until the end of the 45 days to schedule your exam in the event you fail the exam and need to reschedule. The permit may **NOT** be extended beyond 60 days. A contractor is allowed only one temporary permit within any 12-month period.

THE PERMIT WILL BE GRANTED ONLY IF ALL MATERIALS REQUIRED FOR LICENSING ARE SUBMITTED IN ONE PACKAGE AND IT IS COMPLETE. OTHERWISE, YOUR APPLICATION WILL BE RETURNED TO YOU FOR COMPLETION. NO ACTION WILL BE TAKEN UNTIL YOU SUBMIT A COMPLETE APPLICATION.

The Bureau of Labor and Industries will assist you in any way possible in order to complete the licensing process. Please contact us at 503-373-1463 if you have further questions or wish to make an appointment for an office visit.

Completed applications may be submitted to:

Bureau of Labor and Industries, LCU
3865 Wolverine St. NE, #E-1
Salem, OR 97305-1268

Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Privacy Statement
Labor Contractor License

As part of your application for a new or renewal construction, farm or forest labor contractor's license issued by the Bureau of Labor and Industries, you are required to provide your Social Security Number to the BOLI. This is mandatory. The authority for this requirement is Oregon Laws 1997, chapter 746, section 117 (ORS 25.785) and 42 USC § 666(a)(13).

Failure to provide your Social Security Number will be a basis to refuse to issue or renew the license you seek. Although a number other than your Social Security Number appears on the face of the license issued by the BOLI, your Social Security Number will remain on file with the bureau.

This record of your Social Security Number will be used for child support enforcement purposes only, unless you authorize other uses of the number.

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Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Attention

Before you send in your license application, please be sure you have included **ALL REQUIRED** documents. If the application packet is not complete, it will be returned to you. **You may not operate as a labor contractor unless you have a current license.** Using this checklist, review your application and documents. If you are applying to renew your license, please use the application and forms provided to you by this office for this purpose. (Forms used previously may have been revised.)

Place a check mark in each box to make sure you have completed and enclosed **ALL** required documents.

- ☐ Appropriate License Fee
- ☐ Completed Application (WH-37) with each and every question answered. Type or print clearly.
- ☐ **Four current color** passport photographs (***2" x 2"***)
- ☐ IRS Tax Compliance Certification Application (Final approval will be sent directly from IRS to BOLI)
- ☐ Oregon Department of Revenue Tax Compliance Certification
- ☐ Oregon Employment Department Tax Compliance Certification
- ☐ Vehicle Information Sheet (WH-150) if applicable
- ☐ Vehicle Insurance Certificate if transporting workers
- ☐ If a renewal application, include a copy of a:

  Rights of Workers Notice (WH-151) or the equivalent used in your contracting

  Agreement between Contractor and Worker (WH-153) or the equivalent used in your contracting
- ☐ Certificate of Workers' Compensation Insurance
- ☐ If using leased employees, a copy of:

  Lease Contract, and

  Certificate of Workers' Compensation Insurance from leasing agency
- ☐ Proof of Financial Responsibility Documents (See WH-126)
- ☐ Aggregate Bond Reduction Application (WH-124B), if applicable
- ☐ Bond Reduction Application (WH-124C), if applicable, must include required surety statements
- ☐ Certificate required if applying for EXEMPT license (WH-56)
- ☐ Employee Sponsorship Statement (WH-36), if applicable
- ☐ Certified statement (WH-35), if applying for NON-PROFIT CORPORATION license

  Note, Proof of IRS 501(c) (3) exemption required for Non-profit corporation applications

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Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

License Application – Labor Contractor

Please type or print clearly.
Each and every question must be answered, or your application will be returned to you as incomplete.

1. Application Type: ☐ New License ☐ License Renewal

2. Type of License/Application Fee Enclosed:
☐ Construction ($150 fee)
☐ Farm only ($150 fee)
☐ Farm/Forest ($350 fee)
☐ Forest "Exempt" ($350 fee)
☐ Farm only *Employee Indorsement* ($150 fee)
☐ Farm/Forest *Employee Indorsement* ($350 fee)

3. Are you applying for a *Camp Operator Indorsement* on your license? *If yes, an additional application fee of $50 is required.* ☐ YES/Additional fee enclosed ☐ NO

4. Type of business entity:
☐ Sole Proprietor
☐ Partnership of ____ individuals
☐ Limited Liability Partnership
☐ Cooperative Corporation of ____ individuals
☐ Corporation
☐ Limited Liability Company
☐ Corporation – Publicly Traded
☐ Non-profit Corporation
☐ Agricultural Association

5. Applicant's Name: _____
(First) *(Middle)* *(Last)*

6. Home Address: _____
(Street)

_____
(City) *(County)* *(State & ZIP)*

7. Home Phone: _____ **8. Date of Birth:** _____

9. Social Security #: _____

10. Business Name: _____
If no business name, check here ☐

11. Business Address *(if different from #6)***:** _____
(Street)

_____
(City) *(County)* *(State & ZIP)*

12. Business Phone: _____ **13. FAX** *(if applicable)***:** _____

14. Mailing Address *(if different from above)***:** _____
(Street or PO Box)

_____
(City) *(County)* *(State & ZIP)*

15. Oregon Address _____
(Street)

_____
(City) *(County)* *(State & ZIP)*

This information is available in an alternate format.

16a. List any and all other addresses and telephone numbers *(include cell phone and pager numbers). Attach information on additional sheets if more space is needed.*

_____ _____

_____ _____

16b. List any email address you wish to provide for correspondence with us: _____

17. Federal Employer ID Number: _____

18. State Business ID Number ("BIN"): _____

19. What percentage of the company or business do you own? _____ %

20. List full names, addresses, and telephone numbers of all persons financially interested, whether as partners, shareholders, profit-sharers, associates or members in the applicant's proposed operations as a labor contractor, together with the amount or percentage of the respective interest of each. *If more space is needed, attach information on additional sheet. If no other persons have a financial interest, check here* ☐ *and proceed to question 21.*

Person Financially Interested #1	**Person Financially Interested #2**
_____	_____
(Name)	*(Name)*
_____	_____
(Address)	*(Address)*
_____	_____
(City, State, ZIP)	*(City, State, ZIP)*
_____	_____
(Percentage of Interest)	*(Percentage of Interest)*

21. Have you or any of the individuals listed above ever had a labor contractor's license which has been denied, revoked or suspended? ☐ YES ☐ NO

22. Are you a defendant in any court actions or proceedings? *If yes, attach details.* ☐ YES ☐ NO

23. Are there any judgments or administrative orders of record against you? ☐ YES ☐ NO
If yes, attach details.

24. Do you provide, or will you provide, housing for your workers? ☐ YES ☐ NO
If yes, specify type of housing provided, e.g., camp, motel, house, etc.:

_____

_____

25. Tax compliance certifications from each and every one of the following entities <u>must be submitted with your application</u>. *Place a checkmark next to each certificate submitted with this application.*

☐ IRS Tax Compliance Certification
☐ Oregon Department of Revenue Tax Compliance Certification
☐ Oregon Employment Department Tax Compliance Certification

VEHICLE INFORMATION *If applying for an Employee Indorsement, proceed to question 30.*

26. Will you be using vehicles in the operation of this labor contracting business?

☐ YES *If yes, you must complete and submit the enclosed Vehicle Information Sheet with this application.*

☐ NO

27. Will any vehicles be used to transport workers?*

☐ YES *If yes, you must complete and submit the enclosed Vehicle Information Sheet and provide a Certificate of Insurance for each and every vehicle used to transport workers with this application.*

☐ NO

28. Vehicle Information Sheet Submission

☐ Vehicle Information Sheet enclosed

☐ Not applicable/Vehicle Information Sheet not required

29. Certificate of Insurance for Vehicle(s)

☐ Certificate(s) of Insurance enclosed

☐ Not applicable/Vehicles not used to transport workers--Certificate not required

Note:** ***Any additional vehicles acquired during the course of the license year must be reported and applicable insurance certificates provided.

WORK AGREEMENTS BETWEEN CONTRACTOR AND WORKERS *The following forms or their equivalents **must be submitted** in English **and** in any other language you use to communicate with workers with your application unless you are applying for an Employee Indorsement or new license.*

30. ☐ Form WH-151 (Rights of Workers) or equivalent enclosed

31. ☐ Form WH-153 (Agreement Between Contractor and Worker) or equivalent enclosed

CERTIFICATE OF WORKERS' COMPENSATION COVERAGE *If applying for an Employee Indorsement, proceed to question 37.*

32. ☐ Workers' Compensation Certificate of Insurance enclosed *If you will be using leased employees, **you must provide** a copy of your lease contract and a Certificate of Worker's Compensation Insurance from the leasing agency.*

PROOF OF FINANCIAL RESPONSIBILITY INFORMATION *If applying for an Employee Indorsement or "Exempt" license, proceed to question #36.*

33. What is the maximum number of employees you intend to employ at any time during the next twelve month period covered by your license?

☐ **0 - 20 employees** ($10,000 bond or equivalent required)

☐ **21 or more employees** ($30,000 bond or equivalent required)

☐ **2 or fewer employees** ("Exempt" licenses)

☐ **Agricultural association** ($30,000 bond or equivalent required)

☐ **Non-profit corporation** ($30,000 bond or equivalent required)

34. What type of proof of financial responsibility are you submitting with your application? Proof of financial responsibility **must be submitted with this application**. *If you are also applying for a camp operator indorsement, the minimum amount of the proof of financial responsibility document acceptable is $15,000, regardless of the number of employees employed.*

☐ Corporate Surety Bond ☐ Time Certificate of Deposit

☐ Cash Deposit ☐ Other (*Specify Type*: _____)

35. ☐ Check here only if bond reduction(s) requested/application(s) (forms WH-124B or WH-124C) enclosed.

36. ☐ Certification required for "Exempt" license applicants (form WH-56) enclosed. *Check here only if applying for "Exempt" license.*

37. ☐ Employee Sponsorship Statement required for employee indorsement applicants (form WH-36) enclosed. *Check here only if applying for Employee Indorsement.*

38. ☐ Certified statement required for Private Non-profit Corporations (form WH-35) enclosed. *Check here only if applying for "Non-profit Corporation" license.*

39. ☐ Proof of IRS 501(c)(3) exemption required for Private Non-profit Corporations enclosed. *Check here only if applying for "Non-profit Corporation" license.*

SWORN STATEMENT

As an applicant for a labor contractor's license, I state on oath:

a) That the above information is true and correct;

b) That I will notify the Bureau of Labor and Industries of any changes in circumstances pertaining to information provided in this application;

c) That I will at all times conduct the business of a labor contractor in accordance with all applicable laws of the State of Oregon and rules of the Commissioner of the Oregon Bureau of Labor and Industries;

d) That I have READ and UNDERSTAND forms WH-151, "Rights of Workers;" and WH-153, "Agreement Between Contractor and Workers," and will, in accordance therewith, provide this information to all subject workers as required by law; and

e) That with regard to any action filed against me concerning my activities as a labor contractor, I appoint the Commissioner of the Bureau of Labor and Industries as my lawful agent to accept service of summons when I am not present in the jurisdiction in which such action is begun or have in any other way become unavailable to accept service.

_____ _____

Applicant's Signature and Title **Date Signed**

Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Vehicle Information Sheet

This form is required to be submitted with the Labor Contractor's License Application if vehicles will be used in the operation of the contractor's business or to transport workers. In addition, a Certificate of Insurance must be submitted with this form for each and every vehicle used to transport workers. The Certificate of Insurance must identify the vehicle insured by description and vehicle identification number ("VIN"), and **name the Bureau of Labor and Industries as the certificate holder**. Any additional vehicles acquired during the course of the license year must be reported and applicable insurance certificates provided.

Please type or print legibly. If more space is needed, this form may be photocopied or additional pages may be attached which provide all of the information required on this form.

Vehicle #1

Year: _____ License Plate #: _____
Make: _____ State of Licensure: _____
Body Style: _____ Vehicle Serial #: _____
Registered Owner: _____
Address: _____
(Street Address, City, State & ZIP)

Is this vehicle used to transport workers? ☐ YES ☐ NO
Is a Certificate of Insurance attached? ☐ YES ☐ NO

Vehicle #2

Year: _____ License Plate #: _____
Make: _____ State of Licensure: _____
Body Style: _____ Vehicle Serial #: _____
Registered Owner: _____
Address: _____
(Street Address, City, State & ZIP)

Is this vehicle used to transport workers? ☐ YES ☐ NO
Is a Certificate of Insurance attached? ☐ YES ☐ NO

Vehicle #3

Year: _____ License Plate #: _____
Make: _____ State of Licensure: _____
Body Style: _____ Vehicle Serial #: _____
Registered Owner: _____
Address: _____
(Street Address, City, State & ZIP)

Is this vehicle used to transport workers? ☐ YES ☐ NO
Is a Certificate of Insurance attached? ☐ YES ☐ NO

This information is available in an alternate format.

Vehicle #4

Year: _____ License Plate #: _____

Make: _____ State of Licensure: _____

Body Style: _____ Vehicle Serial #: _____

Registered Owner: _____

Address: _____

(Street Address, City, State & ZIP)

Is this vehicle used to transport workers? ☐ YES ☐ NO

Is a Certificate of Insurance attached? ☐ YES ☐ NO

Vehicle #5

Year: _____ License Plate #: _____

Make: _____ State of Licensure: _____

Body Style: _____ Vehicle Serial #: _____

Registered Owner: _____

Address: _____

(Street Address, City, State & ZIP)

Is this vehicle used to transport workers? ☐ YES ☐ NO

Is a Certificate of Insurance attached? ☐ YES ☐ NO

Vehicle #6

Year: _____ License Plate #: _____

Make: _____ State of Licensure: _____

Body Style: _____ Vehicle Serial #: _____

Registered Owner: _____

Address: _____

(Street Address, City, State & ZIP)

Is this vehicle used to transport workers? ☐ YES ☐ NO

Is a Certificate of Insurance attached? ☐ YES ☐ NO

Vehicle #7

Year: _____ License Plate #: _____

Make: _____ State of Licensure: _____

Body Style: _____ Vehicle Serial #: _____

Registered Owner: _____

Address: _____

(Street Address, City, State & ZIP)

Is this vehicle used to transport workers? ☐ YES ☐ NO

Is a Certificate of Insurance attached? ☐ YES ☐ NO

This information is available in an alternate format.

Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Certified Statement
(For Private Non-Profit Corporations)

I, _____, as the designated representative of farm/forest labor contractor applicant corporation _____, pursuant to the provisions of ORS 658.410, hereby certify the following:

That the corporation is designated by the Internal Revenue Service as exempt under Section 501 (c) (3) of the Internal Revenue Code; AND

A. The purpose of the corporation is to provide education or training and workers recruited, solicited, supplied or employed by the corporation are recruited, solicited, supplied or employed only for the purpose of educating or training the workers in the forestation or reforestation of lands or in the production or harvesting of farm products;

OR

B. For at least five years before the corporation filed an application for a farm labor contractor license, the corporation has been:

1. Authorized to do business in Oregon by the Secretary of State; and
2. Primarily engaged in recruiting, soliciting, supplying or employing workers; and
3. Designated by the Internal Revenue Service as exempt under section 501(c) (3) of the Internal Revenue Code.

_____ _____
Signature of Authorized Representative Date

_____
Printed Name and Title of Authorized Representative

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Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Certified Statement
(For "Exempt" Reforestation Contractors ONLY)

Regarding exemptions from Financial Responsibility and Payroll Submission Requirements
(Reference: ORS 658.415(3), 658.417(3) and 658.418)

I, _____ certify that the following conditions will be met for exemption from financial responsibility and payroll submission requirements:

A. That I will operate my business of a Farm/Forest Labor Contractor as a sole proprietor only;

B. That I will engage in reforestation or reforestation activities pursuant to contracts for less than $25,000 only;

C. That I will employ two or fewer individuals to perform work on all forestation or reforestation contracts performed in the license year;

D. That I will immediately notify the Bureau of Labor and Industries and comply with ORS 658.415(3) and OR 658.417(3) in the event that I begin to operate my business of a Farm/Forest Labor Contractor as a partnership or corporation, obtain a contract for forestation or reforestation activities of more than $25,000, or employ more than two individuals;

E. That the information I have supplied on this statement for exemption from ORS 658.415(3) and ORS 658.417(3) is true and correct to the best of my knowledge; and that I understand that the Commissioner of the Oregon Bureau of Labor and Industries will rely on my answers and these statements as being true and correct.

_____ _____
Applicant Signature Date

Note: *This statement must be submitted with any application for any "exempt" license.*

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Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Sponsorship Statement
(Regarding Employee of Farm / Forest / Construction Labor Contractor)

I, _____, a licensed Labor Contractor, agree to sponsor the application for my employee,_____, and to notify the Commissioner of the Bureau of Labor and Industries promptly upon termination of the employment of the employee.

Additionally, I agree that:

The employee engages in activities that would require licensing as a labor contractor solely on behalf of the employer;

The employee does not personally employ any workers and is not responsible for paying any workers;

The employee meets all of the conditions for licensing as a labor contractor; and that

I maintain proof of financial responsibility; and

My license remains in good standing.

_____ _____
Licensed Contractor's Signature Date

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Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Information Regarding Documentation of Tax Compliance

In order to qualify for an Oregon Labor Contractor license, you must demonstrate that you have filed and paid all taxes due. **Your license will NOT be issued until this information is received**.

IRS

IRS Tax Compliance Certification and Form 8821

Please complete section 1 of the IRS Tax Compliance Certification form AND parts 1 & 7 of Form 8821. **FAX BOTH FORMS TO THE IRS, ATTN: ANNA GAYLORD** at (503) 227-5594. Anna Gaylord will certify the Tax Compliance Certification form and Form 8821 and fax them directly to the Bureau of Labor and Industries' Farm / Forest Labor Contracting Licensing Unit.

Do not hold your license packet waiting for the IRS approval to come back to you – If you have an otherwise completed packet, you may submit it to the Bureau of Labor and Industries' Labor Contracting Unit.

Department of Revenue

Oregon Department of Revenue Tax Compliance Certification

Please complete Part 1, including the authorization. Fax the certification form to the **Oregon Department of Revenue**. Once the Oregon Department of Revenue certifies the form, it will be faxed or mailed back to you to include with your license application.

(Please allow at least three (3) business days for the processing of this form.)

Employment Department

Oregon Employment Department Tax Compliance Certification

Please complete Part 1, including the authorization. Fax the certification form to the **Oregon Employment Department**. Once the Oregon Employment Department certifies the form, it will be faxed or mailed back to you to include with your license application.

(Please allow at least three (3) business days for the processing of this form.)

If you have any questions regarding Documentation of Tax Compliance forms, please contact the Labor Contracting Unit in Salem at (503) 373-1463.

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Form **8821**

(Rev. October 2012)

Department of the Treasury
Internal Revenue Service

Tax Information Authorization

▶ **Information about Form 8821 and its instructions is at *www.irs.gov/form8821*.**
▶ **Do not sign this form unless all applicable lines have been completed.**
▶ **To request a copy or transcript of your tax return, use Form 4506, 4506-T, or 4506T-EZ.**

OMB No. 1545-1165

For IRS Use Only
Received by:
Name
Telephone
Function
Date

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address (type or print)	**Taxpayer identification number(s)**	
	Daytime telephone number	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address	
Irma Porras - Bureau of Labor and Industries **F/FLC License Unit** **3865 Wolverine NE, E-1; Salem, OR 97305**	CAF No. **0310-51201R** PTIN Telephone No. **503-373-1463** Fax No. **503-373-7636** Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, etc.) (see instructions)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
Income/Business	**1040, 1065, 1120, 1120S**	**2011-2017**	
Employment	**940, 941, 943, 944, 945**	**2011-2017**	
*********PLEASE FAX THIS FORM TO**	**ANNA AT 503 227-5594**	*************	

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 . . . . . ▶ ☐

5 Disclosure of tax information (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box . . . . . ▶ ☐

Note. Appointees will no longer receive forms, publications and other related materials with the notices.

b If you do not want any copies of notices or communications sent to your appointee, check this box . . . . . ▶ ☑

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect **and** check this box . . . . . ▶ ☐

To revoke this tax information authorization, see the instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ **IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

▶ **DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature | Date

Print Name | Title (if applicable)

☐ ☐ ☐ ☐ ☐ PIN number for electronic signature

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IRS TAX COMPLIANCE CERTIFICATION

PART 1: TO BE COMPLETED BY APPLICANT

Applicant Name (Last, First, Middle Initial): _____

Social Security Number (SSN):* _____

Check One:

☐ **Owner** ☐ **Employee** ☐ **Authorized Tax Matters Person**

Business Name: _____

Employer Identification Number (EIN): _____

DBA (Doing Business As), if applicable: _____

Have you done business under any other business name or employer identification number (EIN)? ☐ **No** ☐ **Yes**

(If yes, list names and EIN numbers):

NAME: _____ **EIN:** _____

NAME: _____ **EIN:** _____

Address (Street, City, State, Zip Code):

_____

_____

_____

Daytime Telephone: _____

FAX Number: _____

Type of Business: (Check one for each applicant)

☐ **Sole Proprietor**

☐ **Partnership**

☐ **Corporation**

☐ **Other (Specify)** _____

Did you have employees working for you in the past 12 months?

☐ **No** ☐ **Yes Number:** _____

Do you expect to have employees working for you in the next 12 months? ☐ **No** ☐ **Yes Number:** _____

MAILING ADDRESS

Internal Revenue Service EG: 2315
Attn: A. Gaylord
M/S 0105
1220 SW 3rd Ave., Suite G044
Portland, OR 97204-2827

Telephone: (503) 265-3743
FAX: (503) 227-5594

PART 2: THIS SECTION TO BE COMPLETED IN FULL BY IRS STAFF ONLY

	YES	NO	$ AMOUNT
Outstanding Liability	_____	_____	_____
Returns Filed:			
Payroll (941, 940, 943))	_____	_____	
Individual Income Form (1040)	_____	_____	
Corporation (Form 1120)	_____	_____	
Other (Specify) _____			

COMPLIANCE CERTIFICATION BY IRS:

☐ **COMPLIANT** ☐ **NON-COMPLIANT**

Signature of IRS Certifying Official _____ **DATE:** _____

***Privacy Act Statement: The submission of your social security number if voluntary. It will be used only for identification purposes to facilitate your application for a labor contractor's license. Failure to provide it may result in a delay of the application process.**

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OREGON DEPARTMENT OF REVENUE

TAX COMPLIANCE CERTIFICATION

FOR OFFICE USE ONLY
Date Received

• Please print using blue or black ink. • Return your completed form to the address below.

PART 1—TO BE COMPLETED BY APPLICANT

Applicant Name (Last, First, Middle Initial)	Check one ☐ Owner ☐ Employee	Social Security Number (SSN)*	
Street Address	City	State	ZIP Code
Business Name		Employer Identification Number (EIN)	
DBA (doing business as), if applicable		Oregon Business Identification Number (BIN)	
Business Street Address	City	State	ZIP Code
Business Daytime Telephone Number	Fax Number	Other Telephone Number	

Type of Business (check one) ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Other (specify) _____

Did you have employees working for you within the past 12 months? ☐ Yes ☐ No If yes, how many? _____

Do you expect to have employees working for you within the next 12 months? ☐ Yes ☐ No If yes, how many? _____

Have you done business under any other business name(s) or employer identification number(s)? ☐ Yes ☐ No If yes, list below.

Name(s)	EIN(s)

AUTHORIZATION

I hereby authorize the Oregon Department of Revenue and its employees to disclose to _____ whether or not the applicant or entity named above has filed all required tax returns and/or whether the applicant or entity has paid all taxes due, which includes adherence to an acceptable payment plan. This authorization applies to the three tax years preceding and for any tax years subsequent to the date of this authorization. This authorization applies to the individual applicant and the business entity, including all business owners indicated above. This authorization remains in effect until _____ or until the Oregon Department of Revenue receives a notice of revocation from the taxpayer, whichever is sooner. This authorization is intended to designate the _____ to receive tax compliance information for the persons and tax years indicated. ORS 305.193, OAR 150-305.193.

Signature	Print Name	Date
X		

Title (if applicable)	Daytime Telephone Number

PART 2—TO BE COMPLETED BY DEPARTMENT OF REVENUE STAFF ONLY

Oregon Department of Revenue Tax Compliance Certification— ☐ In Compliance. ☐ Not in Compliance.

Signature of Department of Revenue Certifying Official	Title	Date of Compliance Certification
X		

Questions?

Telephone: Salem 503-378-4988
Toll-free within Oregon..... 1-800-356-4222

For general tax information: www.dor.state.or.us

TTY (hearing or speech impaired; machine only): 503-945-8617 (Salem) or 1-800-886-7204 (toll-free within Oregon).

Americans with Disabilities Act (ADA): This information is available in alternative formats. Call 503-378-4988 (Salem) or 1-800-356-4222 (toll-free within Oregon).

Asistencia en español. *Llame al 503-945-8618 en Salem o llame gratis al 1-800-356-4222 en Oregon.*

Fax to: **503-945-8735**

—or—

Mail to: **PTAC, Compliance & Filing Enforcement**
Oregon Department of Revenue
955 Center St NE
Salem OR 97301-2555

* *The submission of your Social Security number is voluntary. It will be used only for identification purposes to verify tax compliance as part of your application for a license, contract, or employment. Failure to provide it may result in a delay of the application and certification process. The statutory or other authority to request your Social Security number is provided by _____.*

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OREGON EMPLOYMENT DEPARTMENT
TAX COMPLIANCE CERTIFICATION

PART 1: TO BE COMPLETED BY APPLICANT

Applicant Name (Last, First, Middle Initial): _____

Check One: ☐ **Owner** ☐ **Employee**

Social Security Number (SSN):* _____

Business Name: _____

Employer Identification Number (EIN): _____

Oregon Business ID Number (BIN): _____

DBA (Doing Business As), if applicable: _____

Have you done business under any other business name or employer identification number (EIN)? ☐ **No** ☐ **Yes**

(If yes, list names and EIN numbers):

NAME: _____ **EIN:** _____

_____ _____

_____ _____

Address (Street, City, State, Zip Code):

_____

_____

_____

Daytime Telephone: _____

FAX Number: _____

Type of Business: (Check one for each applicant)

☐ **Sole Proprietor**
☐ **Partnership**
☐ **Corporation**
☐ **Other (Specify)** _____

Did you have employees working for you in the past 12 months?
☐ **No** ☐ **Yes Number:** _____

Do you expect to have employees working for you in the next 12 months? ☐ **No** ☐ **Yes Number:** _____

MAILING ADDRESS

Oregon Employment Department
ATTN: Tax
875 Union Street NE
Salem, OR 97311-0030

Telephone: (503) 947-1488
FAX: (503) 947-1700

PART 2: THIS SECTION TO BE COMPLETED BY EMPLOYMENT DEPARTMENT STAFF ONLY

	YES	NO	$ AMOUNT
Outstanding Liability	☐	☐	_____
Returns Filed:	☐	☐	_____
Payroll (Form OQ)	☐	☐	_____
Payroll (Form 132) Wage Detail	☐	☐	_____

Other (Specify) _____

COMPLIANCE CERTIFICATION BY EMPLOYMENT DEPARTMENT:

☐ **COMPLIANT** ☐ **NON-COMPLIANT**

Signature of ED Certifying Official _____ **DATE:** _____

***Privacy Act Statement: The submission of your social security number is voluntary. It will be used only for identification purposes to facilitate your application for a labor contractor's license. Failure to provide it may result in a delay of the application process.**

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Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Information Regarding Documentation of Financial Responsibility

Every applicant for a labor contractor's license must, unless otherwise exempt, show proof of financial ability to promptly pay the wages of employees. Proof of financial ability to pay wages must accompany the application on forms supplied by the bureau.

The proof of financial ability to promptly pay the wages and advances must take the form of either (1) a properly executed corporate surety bond (as evidenced by the completion of Form WH-157) or (2) a "deposit in cash or negotiable securities" acceptable to the commissioner (such as a Time Certificate of Deposit, Money Market Certificate, or Savings Account).

Note that a "deposit in cash or negotiable securities" means a single financial instrument which yields no less than the amount required pursuant to OAR 839-015-0210 in cash immediately upon demand. If, for example, the deposit is one which is subject to a penalty for early withdrawal, (such as a time certificate of deposit) then the deposit must be in an amount sufficient to satisfy the penalty and still yield no less than the amount required under OAR 839-015-0210 in cash. Likewise, any negotiable security such as a Treasury Bill with a purchase price and market value below its par value must be in an amount sufficient to yield the full amount required under OAR 839-015-0210 in cash at any time.

Documentation of Financial Responsibility:

For a **Corporate Surety Bond**, submit a completed Form WH-157. Instructions for the WH-157 are available on form WH-157A.

For a **Cash Deposit with the Bureau of Labor and Industries**, submit payment in the appropriate amount required by your license and a completed Trust Agreement (WH-122A). Instructions for the WH-122A are available on form WH-122B.

For a **Deposit the Equivalent of Cash**, submit a completed Trust Agreement (WH-122A) as well as an Agreement for Assignment of Deposit Account (WH-123).

> **Note:** ORS 658.415 (3) states that if any one of the above documents is submitted together with your application for a Labor Contractor's License, it must be in the name of the Commissioner, Bureau of Labor and Industries. This statute is very specific and does not allow for the contractor's name to appear as the holder of the financial responsibility document.
>
> It also does not allow for the contractor's name "In Trust For" the commissioner and it does not allow for the contractor's name "And" the commissioner as the holder of the document.
>
> An example of an acceptable format is as follows: The certificate is payable to the Commissioner, Oregon Bureau of Labor and Industries.

The document must cover one full license year. It should expire the last day of the month at the end of your license year or automatically renew upon maturity.

All required forms are available upon request from: Bureau of Labor and Industries, Wage and Hour Division, Labor Contracting Unit, 3865 Wolverine Street, NE, Bldg. E-1, Salem, OR 97305. If you have questions, please contact the License Unit in Salem – (503) 373-1463.

 This information is available in an alternate format.

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Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Instructions for Completing Labor Contractor Bond (WH-157)

BLANK (1) This blank contains the bond number assigned by the corporate surety.

BLANK (2) Insert the full legal name and assumed business name, if any, of the contractor to be licensed as follows:

SOLE PROPRIETORSHIP: In the case of a **sole proprietor**, this blank should contain the full legal name of the sole proprietor and the assumed business name, if any, under which the labor contractor applicant proposes to conduct business. **Example:** John Harold Smith, a sole proprietor, dba John's Harvesting Company.

PARTNERSHIPS (GENERAL AND LIMITED LIABILITY): In the case of a **partnership** (whether general or limited liability), the blank should contain the full name of the individual partner **and** the name of the partnership under which the business will be conducted. **Example**: Mary Elizabeth Connelly, a partner in the partnership of Connelly's Harvest Company or Mary Elizabeth Connelly, a partner in the limited liability partnership of Connelly's Harvest Company.

NOTE: Each partner must submit his or her own bond.

CORPORATIONS AND LIMITED LIABILITY COMPANIES: In the case of a **corporation or limited liability company**, the blank should contain the full name of the majority shareholder or LLC member **and** the name of the corporation or Limited Liability Company and its state of charter as filed with the Oregon Secretary of State. If the corporation or limited liability company uses an assumed business name, that name should be included as well. **Example**: Susan Maria Smith and Workforce, Inc., an Oregon Corporation dba Able Farm and Forestry Contracting **or** Susan Maria Smith and Workforce, Inc., an Oregon Limited Liability Company dba Able Farm and Forestry Contracting.

NOTE: Unless the corporation/Limited Liability Company has more than 10 shareholders/members, each shareholder/member must be individually licensed and submit his or her own proof of financial responsibility (bond). If the corporation or LLC has 10 or more shareholders/members and more than two shareholders/members collectively own the majority of the corporation/LLC, individual shareholders/members are not required to be individually licensed or submit individual proof of financial responsibility.

NON-PROFIT AND PUBLICLY TRADED CORPORATIONS: In the case of a **non-profit or publicly traded corporation**, the blank should contain the full legal name of the corporation, state of charter as filed with the Oregon Secretary of State, and type of entity. **Example**: Oregon Farm and Forest Labor Contracting, Inc., an Oregon non-profit corporation or Oregon Farm and Forest Labor Contracting, Inc., an Oregon publicly traded corporation. If the corporation uses an assumed business name, that name should be included as well.

AGRICULTURAL ASSOCIATIONS: In the case of an **agricultural association**, the blank should contain the full legal name of the agricultural association as filed with the Oregon Secretary of State in addition to any assumed business name used by the agricultural association. **Example**: Willamette Valley Growers Association, an Oregon Agricultural Association dba Central Valley Growers.

COOPERATIVE CORPORATIONS: In the case of a **cooperative corporation**, the blank should contain the full legal name of the cooperative corporation as filed with the Oregon Secretary of State in addition to any assumed business name used by the coop). **Example:** ABC Association, Inc., an Oregon Cooperative Corporation dba ABC Company.

ANY PERSON WHO RECRUITS, SOLICITS, SUPPLIES OR EMPLOYS WORKERS ON BEHALF OF AN EMPLOYER WHO IS A LABOR CONTRACTOR MUST ALSO BE LICENSED.

BLANK (3) This blank contains the full legal name of the corporate surety as filed with the Oregon Secretary of State.

BLANK (4) This blank should contain the name of the state which chartered the corporate surety.

CONTINUED ON THE REVERSE

BLANK (5) This blank should contain the written dollar amount of the bond, i.e., **TEN OR THIRTY** (or if operating a farm labor camp, at least **FIFTEEN**). If you are also applying for a camp operator indorsement, the minimum amount of the bond must be $15,000, regardless of the number of employees employed. (If a $30,000 bond is required, the camp operator bond amount required is included in this amount.)

BLANK (6) This blank contains the numeric dollar amount of the bond, e.g., $10,000, $15,000 or $30,000.

BLANK (7) This blank should contain the date when the bond will expire. All licenses are issued for one year. **Please note:** A bond should expire on the last day of any given month.

BLANK (8) This blank should contain the date upon which the bond is dated and issued by the corporate surety.

BLANK (9) **SOLE PROPRIETORS/PARTNERSHIPS/LIMITED LIABILITY PARTNERSHIPS:** If the contractor is a sole proprietor or a partner in a general or limited liability partnership, these blanks should contain the signature of the authorized representative of the corporate surety, his/her printed or typed name, and the business address to which correspondence relative to the surety bond is to be directed.

BLANK (10) These blanks should contain the signature of the contractor and the printed or typed name under which the applicant proposes to conduct business.

IF A LABOR CONTRACTOR BUSINESS IS TO BE CONDUCTED AS A GENERAL OR LIMITED LIABILITY PARTNERSHIP, EACH PARTNER MUST SUBMIT WITH HIS OR HER LICENSE APPLICATION A SEPARATE FARM LABOR CONTRACTOR BOND.

BLANK (11) **CORPORATIONS/LIMITED LIABILITY COMPANIES/NON-PROFIT CORPORATIONS/PUBLICLY TRADED CORPORATIONS/AGRICULTURAL ASSOCIATIONS/COOPERATIVE CORPORATIONS:** If the contractor is a corporation, limited liability company, non-profit corporation, publicly traded corporation, agricultural association or cooperative corporation, these blanks contain the signature of the authorized representative of the corporate surety, his/her printed or typed name, and the business address to which correspondence relative to the surety bond is to be directed.

BLANK (12) If the contractor/applicant is a majority shareholder or LLC member, s/he should sign the first line of #12.

IF A LABOR CONTRACTOR BUSINESS IS TO BE OPERATED AS A CORPORATION OR LIMITED LIABILITY COMPANY, EACH MAJORITY SHAREHOLDER OR MEMBER MUST SUBMIT WITH HIS OR HER APPLICATION A SEPARATE FARM LABOR CONTRACTOR BOND.

The printed business name of the applicant/contractor (including any assumed business name) should be printed on the second line of #12.

If the person signing the bond is applying on behalf of a corporation or limited liability company with more than 10 shareholders/members, a non-profit corporation, publicly traded corporation, agricultural association or cooperative corporation, s/he should sign the third line in this section (following the word "By"). The title of the person signing should be entered on the next line.

If signing as a representative of a corporation or limited liability company with more than 10 shareholders/members, a non-profit corporation, publicly traded corporation, agricultural association or cooperative corporation, attach a certified copy of authority to sign on behalf of the entity.

If you have any questions, please contact us at:

Wage and Hour Division - Licensing
Bureau of Labor and Industries
3865 Wolverine St NE; E -1
Salem, OR 97305-1268
(503) 373-1463

Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Labor Contractor Bond

(Please Read Instructions Carefully Before Completing)

Bond Number: *(1)* _____

KNOW ALL MEN BY THESE PRESENTS:

That we, *(2)* _____

_____

are authorized to transact business within the State of Oregon as principal and *(3)* _____

_____ a corporation duly organized and existing under and by virtue of the laws of the State of *(4)* _____ and authorized to transact a surety business within the State of Oregon, as surety, are held and firmly bound unto the Commissioner of the Oregon Bureau of Labor and Industries in the penal sum of *(5)* _____ thousand dollars *(6)* $_____, lawful money of the United States of America, for the payment of which well and truly to be made, we hereby bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

The conditions of this obligation are such that if the said principal shall:

1. Pay in full all sums due on wage claims of employees; and
2. Pay all sums due to the construction property owner, the grower or producer of agricultural commodities or the owner or lessee of land intended to be used for the production of timber for advances made to or on behalf of the labor contractor; then this obligation is to be void; otherwise the obligation is to remain in full force and effect.

This bond shall remain in full force and effect from the date of its issuance until *(7)* _____ and shall be irrevocable during this period. It is understood that all claims against the bond shall be unenforceable unless request for payment of a judgment or other form of adequate proof of liability or a notice of the claim has been made by certified mail to the surety or the Commissioner within six (6) months from the date of expiration of the bond.

The surety and principal agree that the Commissioner of the Oregon Bureau of Labor and Industries shall determine the principal's liabilities to the beneficiaries pursuant to the provisions of ORS Chapter 183, and shall, after notice directed to the principal and an opportunity for hearing, enter findings of fact, conclusions of law and order with respect to any liabilities to the beneficiaries found to exist unless the matter is otherwise disposed of by stipulation, agreed settlement, consent order or default.

The Commissioner, the principal, and the surety further agree that ten (10) days subsequent to the Commissioner having determined a liability to exist on the part of the principal to a beneficiary, the Commissioner may demand from the surety, and the surety will promptly pay subject to the limits of this bond, sufficient funds to pay the beneficiary the amount of the liability which has been determined by the Commissioner, unless the Commissioner grants a stay or is stayed by an appellate court.

Dated and Issued This *(8)* _____ Day of _____, 20_____ .

(Continued on the reverse)

This information is available in an alternate format.

SOLE PROPRIETOR / PARTNERSHIP / LIMITED LIABILITY PARTNERSHIP

(9) CORPORATE SURETY

By _____
(Signature of Attorney in Fact)

_____
(Printed Name of Attorney in Fact)

_____

_____
(Surety Address)

_____
(Surety Telephone)

(10) CONTRACTOR

By _____
(Signature of Principal – Sole Proprietor or Partner)

_____
(Printed Assumed Business Name, if any)

CORPORATION/LIMITED LIABILITY COMPANY/NON-PROFIT CORPORATION/ PUBLICLY TRADED CORPORATION/AGRICULTURAL ASSOCIATION/ COOPERATIVE CORPORATION

(11) CORPORATE SURETY

By _____
(Signature of Attorney in Fact)

_____
(Printed Name of Attorney in Fact)

_____

_____
(Surety Address)

_____
(Surety Telephone)

(12) CONTRACTOR

_____
(Name of Corporation / LLC/Non-Profit Corporation/ Publicly Traded Corporation/Agricultural Association/ Cooperative Corporation/Assumed Business Name, if any)

By _____

_____
(Printed Name)

_____
(Title)
Attach certified copy of authority to sign, if applicable

This information is available in an alternate format.

Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Instructions for Completing Trust Agreement (WH-122A)

At the top of the first page of the Trust Agreement form, check the appropriate box. If the agreement is for a cash deposit, for example, check the first box. Check the second box if the agreement is for a deposit the equivalent of cash.

The numbered blanks on the form should be filled in as follows:

Blank (1) Insert the full legal name and assumed business name, if any, of the contractor to be licensed as follows:

SOLE PROPRIETORSHIP: In the case of a **sole proprietor**, this blank should contain the full legal name of the sole proprietor and the assumed business name, if any, under which the labor contractor applicant proposes to conduct business. **Example:** John Harold Smith, a sole proprietor, dba John's Harvesting Company.

PARTNERSHIPS (GENERAL AND LIMITED LIABILITY): In the case of a **partnership** (whether general or limited liability), the blank should contain the full name of the individual partner **and** the name of the partnership under which the business will be conducted. **Example:** Mary Elizabeth Connelly, a partner in the partnership of Connelly's Harvest Company or Mary Elizabeth Connelly, a partner in the limited liability partnership of Connelly's Harvest Company.

NOTE: Each partner must submit proof of financial responsibility and a trust agreement (if applicable).

CORPORATIONS AND LIMITED LIABILITY COMPANIES: In the case of a **corporation** or **limited liability company**, the blank should contain the full name of the majority shareholder or LLC manager/member **and** the name of the corporation or limited liability company and its state of charter as filed with the Oregon Secretary of State. If the corporation or limited liability company uses an assumed business name, that name should be included as well. **Example:** Susan Maria Smith and Workforce, Inc., an Oregon corporation dba Able Farm and Forestry Contracting or Susan Maria Smith and Workforce, Inc., an Oregon Limited Liability Company dba Able Farm and Forestry Contracting.

NOTE: Unless the corporation/Limited Liability Company has more than 10 shareholders/members, each shareholder/member must be individually licensed and submit his or her own proof of financial responsibility and trust agreement (if applicable). If the corporation or LLC has 10 or more shareholders/members and more than two shareholders/members collectively own the majority of the corporation/LLC, individual shareholders/members are not required to be individually licensed or submit individual proof of financial responsibility.

NON-PROFIT AND PUBLICLY TRADED CORPORATIONS: In the case of a **non-profit** or **publicly-traded corporation**, the blank should contain the full legal name of the corporation, state of charter as filed with the Oregon Secretary of State, and type of entity. **Example:** Oregon Farm and Forest Labor Contracting, Inc., an Oregon non-profit corporation or Oregon Farm and Forest Labor Contracting, Inc., an Oregon publicly-traded corporation. If the corporation uses an assumed business name, that name should be included as well.

AGRICULTURAL ASSOCIATIONS: In the case of an **agricultural association**, the blank should contain the full legal name of the agricultural association as filed with the Oregon Secretary of State in addition to any assumed business name used by the agricultural association. **Example:** Willamette Valley Growers Association, an Oregon Agricultural Association dba Central Valley Growers.

COOPERATIVE CORPORATIONS: In the case of a **cooperative corporation**, the blank should contain the full legal name of the cooperative corporation as filed with the Oregon Secretary of State in addition to any assumed business name used by the cooperative corporation. **Example:** ABC Association, Inc., an Oregon Cooperative Corporation dba ABC Company.

ANY PERSON WHO RECRUITS, SOLICITS, SUPPLIES OR EMPLOYS WORKERS ON BEHALF OF AN EMPLOYER WHO IS A LABOR CONTRACTOR MUST ALSO BE LICENSED.

CONTINUED ON THE REVERSE

 This information is available in an alternate format.

Blank (2) Check this box *only* if a *cash* amount will be deposited in accordance with this agreement.

Blank (3) Check this box if the trust agreement pertains to a deposit the *equivalent of cash* (a single financial instrument which yields no less than the amount required by OAR 839-015-0210 in cash immediately on demand. The instrument must yield no less than the required amount during the life of the instrument.)

Do not check both boxes (2) and (3).

Blank (4) Identify the proof of financial responsibility provided. For example, in the case of a savings account; "Evidence of a savings account, No. 111-22222-3333 opened by the contractor at the State Bank of ABC, Main Branch, 22 Cross Street, Lebanon, OR, 97000;"

Or, in the case of another financial instrument; "Evidence of a Certificate of Deposit, No. 47623-4400, opened by the contractor at ABC Bank, Interstate Branch, 666 Main Street, Lebanon, OR, 97000."

Blank (5) Enter the date, month, and year the applicable labor contractor's license will expire.

Blank (6) Enter the date, month, and year the trust agreement is signed by the labor contractor applicant.

Blank (7) If the contractor/applicant is a sole proprietor or partner in a general partnership or limited liability partnership, s/he should sign the first line of #7.

The printed business name of the applicant/contractor should be entered in the second line of #7.

Blank (8) If the contractor/applicant is a majority shareholder or LLC member, s/he should sign the first line of #8.

The printed business name of the applicant/contractor (including any assumed business name) should be printed on the second line of #8.

If the person signing the trust agreement is applying on behalf of a corporation or limited liability company with more than 10 shareholders/members, a non-profit corporation, publicly-traded corporation, agricultural association, or cooperative corporation, s/he should sign the third line in this section (following the word "By"). The title of the person signing should be entered on the next line.

If signing as a representative of a corporation or limited liability company with more than 10 shareholders/members, a non-profit corporation, publicly traded corporation, agricultural association or cooperative corporation, attach a certified copy of authority to sign on behalf of the entity.

If you have any questions, please contact us at:

Wage and Hour Division - Licensing
Bureau of Labor and Industries
3865 Wolverine St NE; E -1
Salem, OR 97305-1268
(503) 373-1463

Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Trust Agreement

Check one: ☐ As to $_____ Cash Deposit

☐ As to $_____ Deposit the Equivalent of Cash

The parties of this Trust Agreement are the Commissioner of the Bureau of Labor and Industries, hereinafter referred to as the Commissioner, and *[1]* _____

_____

_____

a Labor Contractor as defined in ORS 658.405, hereinafter referred to as the Contractor.

The Contractor being desirous of obtaining a license pursuant to ORS 658.405 to 658.475 and of complying with ORS 658.415(3) hereby deposits with the Commissioner (*check one*) *[2]* ☐ the sum of $_____ cash; or *[3]* ☐ *[4]* _____

_____

_____

which deposit is accepted by the Commissioner and deemed by the Commissioner to be the equivalent of $_____ cash.

The Contractor and Commissioner designate the $_____ cash or deposit as indicated above as the res of this trust. The Commissioner agrees to cause any interest earnings accruing to the trust res to be paid to the Contractor at such time as they become due and payable.

In executing this Trust Agreement, the Contractor intends to bind not only the Contractor but also the Contractor's heirs, executors, administrators, successors and assigns jointly and severally.

The Contractor and Commissioner agree and understand that:

A. This Trust Agreement shall remain in full force and effect from the dates of its execution until the *[5]* _____ day of _____, 20_____ as to claims arising during this period;

B. This Trust Agreement shall be irrevocable by the Contractor during the period referred to in A. above;

C. If the Commissioner has received no claims against the trust res within six (6) months of the termination of this agreement, the Commissioner shall surrender the trust res to the Contractor or to the person or persons legally entitled thereto;

D. The beneficiaries under this Trust Agreement are the employees of the Contractor insofar as the Contractor has failed to pay them earned wages and the construction property owner, the grower or producer of agricultural commodities or the owner or lessee of land intended to be used for the production of timber for advances made to or on behalf of the labor contractor.

 This information is available in an alternate format.

E. The Commissioner shall determine the Contractor's liabilities to beneficiaries pursuant to the provisions of the Administrative Procedures Act (ORS Chapter 183) and the Administrative Rules of the Bureau of Labor and Industries unless the matter is otherwise disposed of by stipulation, agreed settlement, consent order or default.

F. Ten (10) days after the Commissioner determines a liability to exist on the part of the Contractor to a beneficiary, the Commissioner may withdraw funds from the trust res sufficient to pay the beneficiary the amounts of the liability which have been determined by the Commissioner unless the Commissioner grants a stay or is stayed by an appellate court.

G. The Contractor's failure to maintain the trust res at $_____ cash or at the level of what the Commissioner deems to be equivalent of $_____ amounts to a breach of this agreement and constitutes grounds for revocation of Contractor's license.

H. The provisions of ORS 658.405 to 658.475 are incorporated by reference into this agreement as fully as if set forth verbatim herein.

This Trust Agreement has been accepted by the Commissioner as trustee and will be administered in the State of Oregon and its validity, construction, and all rights thereunder shall be governed by the laws of that State.

Executed this *[6]* _____ day of _____, 20_____.

SOLE PROPRIETOR/PARTNERSHIP/LIMITED LIABILITY PARTNERSHIP

COMMISSIONER

Brad Avakian, Commissioner
Oregon Bureau of Labor and Industries

By: _____
Gerhard Taeubel, Administrator
Wage and Hour Division

Date: _____

CONTRACTOR

By: *[7]* _____
Signature of Principal/Sole Proprietor or Partner

[7] _____
Printed Assumed Business Name

CORPORATION/LIMITED LIABILITY COMPANY/NON-PROFIT CORPORATION/
PUBLICLY TRADED CORPORATION/AGRICULTURAL ASSOCIATION/
COOPERATIVE CORPORATION

COMMISSIONER

Brad Avakian, Commissioner
Oregon Bureau of Labor and Industries

By: _____
Gerhard Taeubel, Administrator
Wage and Hour Division

Date: _____

CONTRACTOR

By: *[8]* _____

[8] _____
Corporate & Assumed Business Name, if any

By: *[8]* _____

Title: _____
Attach certified copy of authority to sign (if applicable)

Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Agreement for Assignment of Deposit Account

This agreement is entered into by _____ ("Depositor") and _____ ("Trustee"). The undersigned Depositor and Trustee do hereby assign to the Oregon Bureau of Labor and Industries the right to determine at its discretion the payment of funds held by the Trustee in the amount of $_____ in Savings Account No. _____ or Time Deposit Account No. _____ or Other Investment Account No. _____ in the _____ Branch of Trustee. It is understood and agreed that the Trustee will hold such funds until a written authorization for payment is received from the Oregon Bureau of Labor and Industries. All time deposits shall be renewable at maturity at rates and terms in effect at the time of renewal. All interest shall be paid to or accrued as directed by the Depositor.

Signed this _____ day of _____, 20_____.

Signature of Depositor: _____

Depositor Business Name: _____

Address: _____

_____

Acceptance

The undersigned Trustee hereby accepts the agreement to hold funds deposited in Account Number _____ in the amount of $ _____ this _____ day of _____, _____ (and, if a time certificate of deposit account, hereby acknowledges receipt of the assigned Certificate). It is further agreed that said funds will be held until written authorization for disposition is granted by the Oregon Bureau of Labor and Industries.

Signed this _____ day of _____, 20_____.

Savings / Investment Institution: _____

Branch: _____

By (authorized signature): _____

Address: _____

_____

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Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Information on Obtaining a Bond / Cash Deposit Reduction

Construction, farm and forest labor contractors who have been licensed for at least two consecutive years may apply for a reduction in the bond or deposit required by ORS 658.415(3) by way of form WH-124C. Contractors may apply for a reduction in the required bond or deposit **after the contractor has been licensed for no less than two consecutive years.** Applications for bond reduction may be made when applying for a labor contractor license renewal.

THE CONTRACTOR MUST HAVE PRIOR APPROVAL FROM BOLI BEFORE SUBMITTING A REDUCED BOND OR DEPOSIT: No application for a reduction in the bond or deposit will be considered in the case of a labor contractor license renewal application unless such completed application is received with a completed license renewal application at least 30 days prior to the expiration of the contractor's license. If application for a reduction in the bond or deposit is made by the applicant/contractor less than 30 days prior to the expiration date of the farm labor contractor's license, the contractor **must** submit the full amount of the bond or deposit required (without reduction) along with the contractor's completed application for a bond or deposit reduction.

Applicants for a reduction in the bond or deposit will be notified in writing of BOLI'S disposition of the application by the License Unit within 15 days of receipt of a completed application for a reduction.

No application for reduction in the required bond or deposit shall be approved unless BOLI determines that:

1) The applicant has operated as an Oregon licensed farm/forest labor contractor without an employee indorsement for at least two years in compliance with the farm labor contractor laws; and

2) The applicant employs 21 or more employees; and

3) No valid claims for unpaid wages have been made against the applicant during the qualifying period of time for a bond or deposit reduction. If a bond has been provided in previous years as proof of financial responsibility, the applicant must submit a statement from **each and every bonding company** which has been the surety on the contractor's bond(s) certifying the length of time the licensee has been bonded by the agent and that there have been no valid claims filed against the licensee's bond(s) during the qualifying period of time covered by the application.

The amount of bond/cash deposit reductions available are as follows:

Licensed 2 - 3 years	$ 27,500
Licensed 3 - 4 years	$ 25,000
Licensed 4 - 5 years	$ 22,500
Licensed 5 or more years	$ 20,000

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Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Application for Reduction of Surety Bond/Cash Deposit

I, _____ certify:

1. That I am a current licensee in the operation of the Labor Contractor operation known as: _____;
2. That I have jointly or severally operated the Labor Contractor operation at least _____ years in compliance with ORS 658.405 to 658.503 and with other laws pertaining to the conduct of labor contractors; and without a valid claim for unpaid wages filed against me; and
3. That I attach hereto a notarized statement from each bonding company which has been the surety on my bonds prior to the filing of this application verifying that no claims have been filed, if applicable.

Surety Bond/Cash Deposit Amount Requested: *(Please check appropriate amount)*

- ☐ $20,000 (Licensed 5 or more years)
- ☐ $22,500 (Licensed 4-5 years)
- ☐ $25,000 (Licensed 3-4 years)
- ☐ $27,500 (Licensed 2-3 Years)

_____ _____
Signature of Applicant Date

==========

ACTION OF LABOR COMMISSIONER ON APPLICATION:
TO BE COMPLETED BY BOLI STAFF ONLY

Approved: ☐ Yes ☐ No Date: _____

Amount of Bond if Approved: $ _____

Any conditions on approval or reasons for rejection: _____

_____

_____

Brad Avakian, Commissioner
Bureau of Labor and Industries

By: _____
Gerhard Taeubel
Administrator
Wage and Hour Division

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Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Application for Aggregate Surety Bond/Cash Deposit Reduction
(To be Filed by Each Licensee of the Business)

I, _____ certify:

1. That I am a current licensee in the operation of the Labor Contractor operation known as: _____;
2. That I have jointly or severally operated the Labor Contractor operation at least _____ years in compliance with ORS 658.405 to 658.503 and with other laws pertaining to the conduct of labor contractors; and without a valid claim for unpaid wages filed against me; and
3. That I attach hereto a notarized statement from each bonding company which has been the surety on my bonds prior to the filing of this application verifying that no claims have been filed, if applicable.

_____ _____
Signature of Applicant Date

==========

ACTION OF LABOR COMMISSIONER ON APPLICATION:
TO BE COMPLETED BY BOLI STAFF ONLY

Approved: ☐ Yes ☐ No Date: _____

Amount of Bond if Approved: $ _____

Any conditions on approval or reasons for rejection: _____

_____

_____

Brad Avakian, Commissioner
Bureau of Labor and Industries

By: _____
Gerhard Taeubel
Administrator
Wage and Hour Division

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Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Required Notices to Workers

The labor contractor license packet includes several forms which may be used to provide required notices to workers and satisfy some of the reporting requirements for licensure. Labor contractors may use these forms as templates or develop their own forms so long as they contain all the elements set out in the template. These forms must be provided in the English language *and any other language used by the labor contractor to communicate with workers*. Electronic copies are also available online from our Forms Directory at: www.oregon.gov/boli/WHD/FFL.

ORS 658.440(1)(f) requires that labor contractors provide each worker with (1) a statement of specific worker rights and (2) a disclosure of certain terms and conditions at the time of recruiting, soliciting, supplying or hiring, *whichever occurs first*.

Under ORS 658.440(1)(g), labor contractors must also execute a *written agreement* with each worker containing the terms and conditions of work *as well as* the statement of worker rights *at the time of hire and prior to beginning work.*

Form WH-151, Rights of Workers

BOLI has prepared Form WH-151 for use by contractors in complying with the requirement to provide workers with a statement of their rights and remedies under specific laws.

CONTRACTORS MUST KEEP COPIES of Forms WH-151 (or equivalent) used by the contractor for three years. OAR 839-015-0400.

Form WH-153, Disclosure Statement & Work Agreement

BOLI has prepared Form WH-153 which may be used by contractors to provide workers with a disclosure of specific terms and conditions at the time of recruiting, soliciting, supplying or hiring, *whichever occurs first*.

Forms WH-151 and WH-153 may also be used together to provide (1) the statement of worker rights and (2) terms and conditions of work required *at time of hire and prior to beginning work* by ORS 658.440(1)(g)

CONTRACTORS MUST KEEP COPIES of Forms WH-153 (or equivalent) used by the contractor for three years. OAR 839-015-0400.

Form WH-154, Statement of Earnings

Labor contractors are required to furnish each worker, each time the worker receives a compensation payment from the contractor, with a written itemized statement of earnings. Form WH-154 or any form which contains all the elements of WH-154 may be used to satisfy this requirement. OAR 839-015-0370.

Form WH-155, Notice of Compliance with Bond Requirements

ORS 658.415(15) requires contractors to **keep conspicuously posted** on the **JOB SITE** the information provided on Form WH-155, **Notice of Compliance with Bond Requirements**.

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Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Rights of Workers

Construction, Farm and Forest Labor Contractor Law

There are laws in Oregon which regulate the activities of construction, farm and forest labor contractors. Under these laws, contractors are required to:

1. Have a license and show it to persons with whom he or she contracts.
2. Give to each worker the contractor hires, recruits, solicits or supplies, a written agreement which describes the terms and conditions of employment. This form must be written in English and in any other language used to communicate with workers.
3. Give to each worker a written form which describes the rights of employees. This form must be in English and in any other language used to communicate with workers.
4. Post a notice in a conspicuous place which says the contractor has the required bond or deposit. This notice must state that if the contractor owes wages to a worker and does not pay, the worker may make a claim against the bond or deposit

Each worker has the right to take legal action against a contractor if that contractor violates certain laws regulating the contractor's activities. For information about your right to take legal action, call any office of the Bureau of Labor and Industries (see listing of offices on next page).

The Minimum Wage

Construction, farm or forest labor contractors are required to pay their employees (except agricultural hand harvest labor and a few others) no less than the applicable minimum wage. These laws do not apply to all workers. If you have questions, contact any office of the Bureau of Labor and Industries or visit www.oregon.gov/boli for more information.

Rest and Meal Periods

Most employees (including agricultural employees) in Oregon must receive rest breaks and meal periods. Employers must provide workers with a paid, uninterrupted 10-minute rest break for every four-hour segment or major portion thereof in the work period. Employers must provide employees with at least a 30-minute unpaid meal period when the work period is six hours or greater. There are some exceptions and special rules apply to minor employees. For more information, contact any office of the Bureau of Labor and Industries.

Wage Claims

If an employer owes wages to a worker and does not pay, the worker may file a claim for back wages. In order to file a claim, contact any office of the Bureau of Labor and Industries. It will be necessary to fill out a form and to provide other information about what you are owed.

Laws Prohibiting Discrimination

Oregon and federal civil rights laws forbid an employer or landlord to discriminate against a worker or tenant because of race, color, sex, national origin, or religion. An employer may not discriminate against a worker who has been injured on the job. Civil rights laws protect workers from additional kinds of discrimination and also give workers certain rights. For more information, call the Civil Rights Division of any office of the Oregon Bureau of Labor and Industries.

(Continued on reverse)

 This information is available in an alternate format.

On-the-Job Accidents

Your employer is required to maintain an insurance policy which covers on-the-job accidents. Your employer should post a notice which provides information about this insurance. The insurance company will pay the cost of medical treatment. It will also pay wages to the worker if he or she is unable to work because of the accident. The employer is required to have a form which is used to notify the insurance company of the accident. Get one of these forms from your employer, fill it out and return it to him or her. He or she will send it to the insurance company. If you do not have a form or cannot get one from your employer, call the **Workers Compensation Department** at 1-800-452-0288 to obtain one.

Field Sanitation & Housing

Labor contractors that employ workers must comply with the provisions of ORS 654.174 relating to field sanitation, including the provision of clean and sanitary toilet facilities; handwashing facilities with clean water, soap or other suitable cleansing agent, paper towels and a method for disposal of used towels and wash water; and clean, potable drinking water served in a sanitary manner. Labor contractors must keep conspicuously posted a notice describing these requirements and advising workers where complaints may be filed. The notice must be in the English language and in the language spoken by the majority of the employees.

Labor contractors that owns or control housing furnished to workers in connection with recruitment or employment must ensure that the housing substantially complies with any applicable law relating to the health, safety or habitability of the housing. Contact **Oregon OSHA** at 1-800-922-2689 with questions.

Federal Government Contracts

If you are working under a federal government contract, the contractor for whom you work must pay you no less than the applicable minimum wage, except when a higher rate has been established. The contractor must post a notice in a conspicuous place which gives the minimum wage or the higher wage if it has been established.

There are other rights for employees that work under federal contracts. For information, call the Federal Department of Labor. The telephone number is (503) 326-3057, or write: U.S. Department of Labor, Wage & Hour Division, 620 SW Main, Room 423, Portland OR 97205.

Unemployment Benefits

Oregon law provides benefits to persons who work, lose their jobs and are not able to find another one. These unemployed persons may receive payments from the State of Oregon for a limited amount of time while looking for a job. This law is complicated and is not detailed here. It is sufficient to say that some agricultural and forest workers have certain rights. If you are able to look for work, you may qualify for these benefits. Check with an office of the **Oregon Employment Department** at 1-800-237-3710.

Bureau of Labor and Industries

Eugene	Portland	Salem
1400 Executive Parkway, Suite 200	800 NE Oregon St., #1045	3865 Wolverine St. NE, Building E-1
Eugene, OR 97401	Portland, OR 97232-2180	Salem, OR 97305-1268
(541) 686-7623	(971) 673-0761	(503) 378-3292
TTY: (541) 686-7847	TTY: (971) 673-0766	

_____ _____

Employee Signature Date Received

_____

Printed Name

Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Derechos de los trabajadores

Ley sobre Contratistas de Trabajo Agrícola, Forestal y en la Construcción

El Estado de Oregón tiene leyes que controlan las actividades de los contratistas de trabajo agrícola, forestal y en la construcción. Según estas leyes, todo contratista debe:

1. Tener una licencia y mostrarla a las personas con quienes hace contratos.
2. Dar a todas las personas a quienes emplea, recluta, solicita o provee, un acuerdo escrito que describa los términos y condiciones de trabajo. Este formulario debe estar escrito en inglés y en todos los demás idiomas usados para comunicarse con los trabajadores.
3. Dar a cada trabajador un formulario escrito que describa los derechos de los empleados. Este formulario debe estar escrito en inglés y en todos los demás idiomas usados para comunicarse con los trabajadores.
4. Fijar un anuncio en un lugar visible que diga que el contratista tiene la fianza o depósito requerido. Este anuncio debe decir que si el contratista debe salarios a un trabajador y no los paga, el trabajador puede hacer un reclamo contra la fianza o depósito del contratista.

Todo trabajador tiene derecho a iniciar acción legal contra un contratista si éste viola ciertas leyes que controlan las actividades de los contratistas. Para más información sobre su derecho a iniciar una acción legal, llame a una de las oficinas del Departamento de Trabajo e Industrias (vea la lista de oficinas en la próxima página).

Salario Mínimo

Los contratistas de trabajo agrícola, forestal y en la construcción deben pagar a sus empleados por lo menos el salario mínimo (excepto en trabajos agrícolas de cosecha a mano y algunos otros). Estas leyes no corresponden a todos los trabajadores. Si tiene preguntas, llame a cualquier oficina del Departamento de Trabajo e Industrias o visite www.Oregon.gov/boli para mayor información.

Períodos de Descanso

La mayoría de los trabajadores en Oregón (incluso los trabajadores agrícolas), deberán recibir los períodos de descanso y comida. Los empleadores deben de proveer a los trabajadores un período de descanso interrumpido pagado de 10 minutos por cada periodo de 4 horas o mayor porción del mismo de la jornada de trabajo. Empleadores deben de proporcionar a los trabajadores por lo menos un período para la comida de 30 minutos sin pago, cuando el periodo de trabajo es de seis horas o más. Hay algunas excepciones y reglas especiales que se aplican a los empleados menores. Para más información, llame a cualquier oficina del Departamento de Trabajo e Industrias.

Demandas por Salarios

Si un empleador debe salarios a un trabajador y no se los paga, el trabajador puede presentar un reclamo por salarios atrasados. Para presentar una demanda, llame a cualquiera de las oficinas del Departamento de Trabajo e Industrias. Tendrá que llenar un formulario y dar otra información sobre lo que se le debe.

Leyes que prohíben la discriminación

Las leyes federales y estatales sobre derechos civiles prohíben a los empleadores y propietarios discriminar contra trabajadores o inquilinos debido a su raza, color, sexo, nacionalidad o religión. Ningún empleador puede discriminar contra un trabajador que haya sufrido una lesión en el trabajo. Las leyes de derechos civiles protegen a los trabajadores contra otros tipos de discriminación y también dan ciertos derechos a los trabajadores. Para más información, llame al Departamento de Trabajo e Industrias de Oregón y pida hablar con la División de Derechos Civiles.

(Continua a la inversa)

 This information is available in an alternate format.

Accidentes en el lugar de trabajo

Su empleador debe mantener una póliza de seguros que cubra los accidentes que puedan ocurrir en el lugar de trabajo y fijar un aviso con la información sobre este seguro en un lugar visible. La compañía de seguros tiene que pagar los gastos del tratamiento médico y los salarios que el trabajador pierda de ganar, si él o ella tiene que dejar de trabajar a causa del accidente. El empleador debe tener un formulario para notificar del accidente a la compañía de seguros. Pida uno de estos formularios a su empleador, llénelo y devuélvaselo. El empleador lo enviará a la compañía de seguros. Si Ud. no tiene uno de estos formularios o no puede conseguir uno de su empleador, llame al Departamento de Compensación a Trabajadores *(Workers Compensation Department)* al 1-800-452-0288 para obtenerlo.

Saneamiento en el Campo y Vivienda

Los contratistas que emplean trabajadores deben cumplir con las disposiciones de la ORS 654.174 relativas al saneamiento en el campo, incluyendo el suministro de instalaciones sanitarias limpias y sanitarias; instalaciones de lavado de manos con agua limpia, jabón u otro agente limpiador adecuado, toallas de papel y un método para la eliminación de toallas usadas y agua de lavado; y agua potable limpia y servida de manera sanitaria. Los contratistas deben mantener visiblemente un aviso que describe estos requisitos y que aconseja a los trabajadores donde pueden presentarse las quejas. El aviso debe ser en el idioma inglés y en el idioma hablado por la mayoría de los empleados.

Los contratistas que poseen o controlan la vivienda proporcionada a los trabajadores en relación con la contratación o el empleo deben garantizar que la vivienda cumple sustancialmente con cualquier ley aplicable relacionada con la salud, seguridad o habitabilidad de la vivienda. Contacte Oregon OSHA al 1-800-922-2689 con preguntas.

Contratos con el Gobierno Federal

Si Ud. está trabajando bajo un contrato con el gobierno federal, el contratista para quien Ud. trabaja debe pagarle por lo menos el salario mínimo, excepto cuando se haya fijado un salario más alto. El contratista debe fijar un anuncio en un lugar visible que indique el salario mínimo o el salario más alto, si se ha establecido un salario más alto.

Los empleados que trabajan bajo contratos federales también tienen otros derechos. Para información, llame al Departamento Federal de Trabajo. El número de teléfono es (503) 326-3057, o escriba a: U.S. Department of Labor, Wage and Hour Division; 620 SW Main, Room 423, Portland, OR 97205.

Beneficios de desempleo

Las leyes de Oregón proveen beneficios de desempleo a los trabajadores que pierden su trabajo y no pueden encontrar otro. Las personas desempleadas pueden recibir pagos del Estado de Oregón por un período de tiempo limitado mientras buscan trabajo. La ley de desempleo es muy complicada, por lo que no tratamos de explicarla aquí. Basta decir que algunos trabajadores agrícolas y forestales tienen ciertos derechos. Si Ud. puede buscar trabajo, es probable que tenga derecho a recibir estos beneficios. Póngase en contacto con cualquier oficina del Departamento de Empleo de Oregón al 1-800-237-3710.

Oficinas del Departamento de Trabajo e Industrias

Eugene	Portland	Salem
1400 Executive Parkway, Suite 200	800 NE Oregon St., #1045	3865 Wolverine St. NE, Building E-1
Eugene, OR 97401	Portland, OR 97232-2180	Salem, OR 97305-1268
(541) 686-7623	(971) 673-0761	(503) 378-3292
TDY: (541) 686-7847	TDY: (971) 673-0766	

_____ _____

Firma del empleado Fecha

_____

Nombre del empleado, en letra de molde

Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Disclosure Statement & Work Agreement

Labor contractors must provide a written statement disclosing the terms and conditions of employment to workers at the time they are hired, recruited or solicited or at the time they are supplied to another by that contractor, whichever occurs first. Additionally, labor contractors must execute a written agreement with each of their workers prior to the start of work. A copy of the agreement must be furnished to each worker prior to starting work.

This form, together with WH-151 summarizing certain rights of workers, may be used to disclose terms of employment for recruitment purposes and, when signed by both the contractor and the worker, may also be used as a written agreement regarding the terms of employment.

Rate of Pay: This job will be paid at the following rate (rate per hour or piece-work rate).

_____ Hourly rate

_____ Piece-work rate

Bonuses:

☐ There will be no bonuses.

☐ Bonuses will be given under the following conditions:

_____

_____

Personal Loans:

☐ There will be no personal loans.

☐ Personal loans will be given under the following conditions:

_____

_____

Housing and Day Care Services:

☐ Housing and day care services are not provided.

☐ Housing and/or day care services are provided under the following conditions (Only the fair market value of housing **furnished for the private benefit of the employee** may be deducted from wages):

_____

Attach additional pages as necessary

Employment Conditions:

Your employment under this agreement will begin on this date: _____, and end approximately on _____.

Your working hours and days are as follows:

_____

Special conditions, if any:

_____

Attach additional pages as necessary

This information is available in an alternate format.

Disclosure Statement & Work Agreement (Continued)

Equipment and Clothing:

☐ The following necessary equipment and clothing will be provided at no cost by the employer:

_____

Attach additional pages as necessary

☐ Necessary equipment and clothing must be provided by each worker. Necessary equipment and clothing for this job is:

_____

Attach additional pages as necessary

☐ Necessary equipment and clothing may be purchased or borrowed from the employer. The prices and/or conditions for obtaining equipment and clothing are as follows:

_____

Attach additional pages as necessary

Labor Dispute:

☐ There is **no** labor dispute at the work site.
☐ There is a labor dispute at the work site.

Owner of Operations:

For this job, the owner of the land or operation is:

_____

(Name)

_____

(Address)

_____

Attach additional pages as necessary

The parties agree that worker rights and remedies enumerated on Form WH-151, Rights of Workers, are incorporated in this agreement by reference, and that a copy thereof is attached hereto.

Other Working Conditions:

(If applicable)

_____

_____

Attach additional pages as necessary

The parties further agree that this contract includes the provisions of the Service Contract Act (41 U.S.C. § 351-401), if applicable.

When used as a work agreement, both parties sign below:

(Employer/Representative Signature)	*(Employee Signature)*
(Printed Name of Employer/Representative)	*(Printed Name of Employee)*
(Date Signed by Employer/Representative)	*(Date Signed by Employee)*

_____

Employer Business Name

This information is available in an alternate format.

Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Declaración de Divulgación y Acuerdo de Trabajo

Los contratistas de mano de obra deben proporcionar una declaración por escrito revelando los términos y condiciones de empleo a los trabajadores en el momento en que son contratados, reclutados o solicitados o en el momento en que son entregados a otro por el contratista, lo que ocurra primero. Además, los contratistas deben firmar un acuerdo por escrito con cada uno de sus trabajadores antes del comienzo del trabajo. Una copia del contrato debe ser entregada a cada trabajador antes del comienzo del trabajo.

Este formulario, junto con el WH-151, que resume algunos derechos de los trabajadores, puede utilizarse para revelar las condiciones de empleo para la contratación y, cuando sea firmado por el contratista y el trabajador, también puede ser utilizado como acuerdo escrito sobre las condiciones de empleo.

Forma de pago:

La forma de pago para este trabajo será la siguiente (pago por hora ó por pieza).

_____ Pago por Hora _____ Por Pieza

Bonos:

☐ No habrá bonos.

☐ Los bonos se darán bajo las siguientes condiciones:

_____

_____

Préstamos personales:

☐ No se darán préstamos personales.

☐ Los préstamos personales se darán de acuerdo a las siguientes condiciones:

_____

_____

Servicios de vivienda, y cuidado de niños:

☐ No se proveen servicios de vivienda, ni cuidado de niños.

☐ Se proveen servicios de vivienda y/o cuidado de niños de acuerdo a las siguientes condiciones. (Sólo el valor justo de mercado de la vivienda amueblada **para el beneficio privado del empleado** podrá deducirse de los salarios):

_____

Adjunte páginas adicionales en caso de que sea necesario

Condiciones de empleo:

Bajo este contrato el trabajo comenzará el (fecha): _____,
y terminará aproximadamente el (fecha)_____.

Sus horas y días de trabajo son:

_____

Condiciones especiales (si las hay):

_____

Adjunte páginas adicionales en caso de que sea necesario

This information is available in an alternate format.

Declaración de Divulgación y Acuerdo de Trabajo

Equipo y ropa de trabajo:

☐ El empleador proporcionará el siguiente equipo y ropa necesarios sin costo alguno:

_____

Adjunte páginas adicionales en caso de que sea necesario

☐ Los trabajadores deben proveer el equipo y ropa necesarios para el trabajo, que son los siguientes:

_____

Adjunte páginas adicionales en caso de que sea necesario

☐ Los trabajadores pueden comprar u obtener en préstamo del empleador el equipo y ropa necesarios para trabajar. Los precios y/o condiciones para obtener el equipo y ropa son los siguientes:

_____

Adjunte páginas adicionales en caso de que sea necesario

Conflicto laboral:

☐ **No** hay conflicto laboral en el lugar de trabajo.
☐ Hay un conflicto laboral en el lugar de trabajo.

Owner of Operations:

Para este trabajo, el dueño de la propiedad a trabajarse es:

_____

(Nombre)

_____

(Dirección)

_____

Adjunte páginas adicionales en caso de que sea necesario

Las partes acuerdan que los derechos y recursos de los trabajadores enumerados en el Formulario WH-151 quedan incorporados en este acuerdo por referencia, y se adjunta una copia del mismo a éste.

Otras condiciones de trabajo:

(Si aplica)

_____

_____

Adjunte páginas adicionales en caso de que sea necesario

Además, las partes acuerdan que este contrato incluye las disposiciones del Acta de Contratos de Servicios (41 U.S.C. §§351-401), si aplica.

Cuando se utiliza como acuerdo de trabajo, ambas partes firman a continuación:

_____	_____
(Firma del empleador)	*(Firma del empleado)*
_____	_____
(Nombre del empleador)	*(Nombre del empleado)*
_____	_____
(Fecha de la firma del empleador)	*(Fecha de la firma del empleado)*
_____	
(Nombre del negocio del empleador)	

This information is available in an alternate format.

Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Notice of Compliance

Oregon law requires each construction, farm and forest labor contractor to maintain the required bond or deposit with the Commissioner of the Bureau of Labor and Industries.

This contractor: _____
(Name)

_____
(Address)

_____

☐ Maintains the required bond. Information regarding this bond is as follows:

_____ _____
(Bond Number *(Expiration Date)*

_____ _____
(Name of Bond Agent) *(Telephone # of Bond Agent)*

_____
(Name of Bonding Company)

_____
(Address of Bonding Company)

_____

☐ Maintains the required deposit with the Commissioner of the Bureau of Labor and Industries. Information on who to contact is as follows:

Labor Contracting Unit (Licensing)
Wage and Hour Division
Bureau of Labor and Industries
3865 Wolverine St NE; E -1
Salem, OR 97305-1268
Telephone: (503) 373-1463

If this contractor owes you wages and has not paid, you may make a claim against the bond or deposit through either the appropriate bonding company or the Bureau of Labor and Industries.

 This information is available in an alternate format.

Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Aviso de Cumplimiento

La Ley del Estado de Oregon requiere que todos los contratistas de trabajo agrícola, forestal y en la construcción mantengan una fianza o depósito con el Comisionado de Trabajo.

Este contratista**:**

_____
(Nombre)

_____
(Dirección)

_____

☐ Mantiene la fianza requerida. La información sobre esta fianza es siguiente:

_____ _____
(No. de la fianza) *(Fecha de vencimiento de la fianza)*

_____ _____
(Nombre del agente de la compañía de fianza) *(No. de teléfono del agente)*

_____
(Nombre de la compañía de fianza)

_____
(Dirección de la compañía de fianza)

_____

☐ Mantiene el depósito requerido con el Comisionado de Trabajo. Para obtener información, póngase en contacto con:

Labor Contracting Unit (Licensing)
Wage and Hour Division
Bureau of Labor and Industries
3865 Wolverine St NE; E -1
Salem, OR 97305-1268
Telephone: (503) 373-1463

Si este contratista le debe sueldos y no se los ha pagado, Ud. puede hacer un reclamo contra la fianza o el depósito por vía de la compañía de fianza el Depto. de Trabajo e Industrias.

 This information is available in an alternate format.

Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Agreements between Labor Contractor & Farmers and / or Owners / Lessees of Land

Pursuant to OAR 839-015-0350, labor contractors are required to file information relating to their agreements with construction property owners or farmers with the Bureau of Labor and Industries. This form may be used to comply with this rule. Labor contractors may use any form for filing the information so long as it contains all the elements of this form. Labor contractors must file this information with the bureau by April 30 of each year. Amended or updated information may be filed at any time. If you only perform **forest** labor contracting activities, check the box below and return the form to the address on the bottom of this form.

☐ My activities as a contractor are limited to forestation/reforestation contracts only. I do not conduct farm labor contracting activities and have no contracts with farmers.

Start Dates	Types of Work	Name of Farmer/Owner	Location of Work	Approximate Crew Size

Attach additional sheets if necessary.

Contractor Name: _____

Business Name: _____

Address: _____

_____

Return completed form to:

Labor Contracting Unit
Wage and Hour Division
Bureau of Labor and Industries
3865 Wolverine St NE; E -1
Salem, OR 97305-1268
FAX: (503) 373-7636

This information is available in an alternate format.

Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Acuerdos entre el Contratista de Trabajo y Los Granjeros o Propietarios o Rentistas de Tierra

De acuerdo con OAR 839-015-0350, los contratistas de trabajo agrícola y en la construcción están obligados a presentar información relacionada con su acuerdo con los granjeros al Departamento de Trabajo e Industrias. Se puede utilizar este formulario para cumplir con este reglamento. A los contratistas de trabajo se les permite utilizar otro formulario siempre que abarque toda la información presente en este formulario. A los contratistas de trabajo se les obliga a presentar esta información al Departamento antes del 30 de abril de cada año. Enmiendas e información actualizada se puede presentar en cualquier momento. Si Ud. se ocupa con contratos **forestales** solamente marque la caja abajo y envíe este formulario a la dirección proveída abajo.

☐ Mi ocupación como contratista está limitada a contratos relacionados con la repoblación forestal/labor selvático solamente. No me ocupo con contratos agrícolas y no tengo contratos con granjeros.

Fechas de Inicio	Tipos de Trabajo	Nombre del Granjero/Dueño	Lugar de Trabajo	Número de Trabajadores

Si se necesita, adjunte hojas adicionales.

Nombre del Contratista: _____

Nombre del Negocio: _____

Dirección: _____

_____

Devuelva este formulario a:
Labor Contracting Unit
Wage and Hour Division
Bureau of Labor and Industries
3865 Wolverine St NE; E -1
Salem, OR 97305-1268
FAX: (503) 373-7636

This information is available in an alternate format.

Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Statement of Earnings

Name of employee: _____

Name of employer: _____

Employer business registry or identification number: _____

Employer's address: _____

Employers telephone: _____ Date of statement/payment: _____

Pay period: From: _____ To: _____

Total hours worked in period: _____ Overtime hours: _____

Basis of payment: $ _____ per ☐hour; ☐ piece; ☐ other _____

EARNINGS: _____ X _____ = $ _____
(Total hours, pieces, etc.) *(Rate of pay)*
(List earnings for each payment type separately)

OVERTIME: _____ X _____ = $ _____
(If applicable) *(Overtime hours)* *(Rate)*

TOTAL GROSS WAGES = $ _____

DEDUCTIONS	**AMOUNT**
Federal Tax	$ _____
State Tax	_____
FICA	_____
Medical Insurance, if provided	_____
Dental Insurance, if provided	_____
Other Deductions (specify)	_____
_____	_____

LESS TOTAL DEDUCTIONS - $ _____

TOTAL WAGES PAID (NET PAY) = $ _____

☐ Check here worker is being paid for work done on Federal Service Contract Act project or other work requiring payment of a prevailing rate of wage, and specify classification and pay rate below:

Employee's work classification: _____ Hourly Rate of Pay: $ _____

This information is available in an alternate format.

Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Declaración de Ingresos

Nombre del empleado: _____

Nombre del empleador: _____
No. de registro u identificación del empleador: _____

Dirección del empleador: _____
Número de teléfono del empleador: _____ Fecha de esta declaración / pago: _____

Periodo de pago: Desde: _____ Hasta: _____

Horas trabajadas en el periodo: _____ Horas a tiempo y medio: _____

Tipo de pago: $ _____ por ☐hora; ☐ pieza; ☐ otro: _____

GANANCIAS: _____ X _____ = $ _____
(No. de horas, piezas, etc.) *(Taza de pago)*
(Aliste ganancias por cada tipo de pago separadamente)

GANANCIAS A TIEMPO Y MEDIO: _____ X _____ = $ _____
(Si aplica) *(No. de horas extras)* *(Taza de pago)*

TOTAL DE GANANCIAS EN BRUTO: = $ _____

DEDUCCIONES	**CANTIDAD**
Impuesto federal	$ _____
Impuesto estatal	_____
FICA	_____
Medical	_____
Beneficios Dentales	_____
Otras Deducciones (Especifique)	_____
_____	_____

MENOS TOTAL DEDUCCIONES - $ _____

TOTAL PAGO NETO (NET PAY) = $ _____

☐ Marque con una "X" aquí si el trabajador recibe pago por trabajo bajo el Acta Federal de Contratos de Servicio o bajo alguna otra ley federal o estatal la cual obliga un salario corriente:

Clasificación del trabajador: _____ Pago Por Hora: $ _____

This information is available in an alternate format.

OREGON WAGE AND HOUR LAWS PERTAINING TO DEDUCTIONS FROM WAGES

Deductions from the wages of employees are permitted under the following circumstances:

- The employer is required to do so by law;
- The deductions are authorized in writing by the employee, are for the employee's benefit, and are recorded in the employer's books;
- The employee has voluntarily signed an authorization for a deduction for any other item, provided that the ultimate recipient of the money withheld is not the employer, and that such deduction is recorded in the employer's books;
- The deduction is made from the payment of wages upon termination of employment and is authorized pursuant to a written agreement between the employee and employer for the repayment of a loan made to the employee by the employer if certain conditions are met (see ORS 652.610(3)(e)).

Deductions may ***not*** be made from the wages of employees for the following items:

- Uniforms, tools, and transportation that are required to do the job (or "draws" for the purchase of such items)
- Deposits for equipment, shortages, breakages, losses, or theft
- Meals and lodging if they are required by the employer

An employee may be required to pay for these items (so long as a deduction is not made from the employee's wages) if the amount paid by the employee does not have the effect of reducing the employee's earnings below the applicable wage rate (i.e., state minimum wage, federal minimum wage, Service Contract Act, or Migrant and Seasonal Agricultural Worker Protection Act wage rate) for all hours worked and the requirement to pay for such items is disclosed in advance to the employee.

Payroll deductions ***may*** be made for items such as raingear, gloves and hats, meals and lodging ***only*** if they are not required, are for the private benefit of the employee, and are authorized in writing by the employee and recorded in the employer's books.

If you have any questions regarding permissible deductions from employee wages, contact the Bureau of Labor and Industries' Technical Assistance for Employers Unit at (971) 673-0824 or U.S. Department of Labor, Wage and Hour Division at (503) 326-3057.

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Bureau of Labor and Industries
Wage and Hour Division
Labor Contracting Unit

Instructions for Completing Certified Payroll (WH-141)

General: Properly filled out, Form WH-141 will satisfy the requirements of ORS 658.440(1)(i), which requires the submission of certified payrolls by construction, farm and forest labor contractors. Contractors are not required to use this form in reporting their payroll, however, the contractor must provide all of the information contained in the form, and the certified statement on the back of the form must be signed and submitted with the contractor's payroll. The certified statement required to be signed certifies the accuracy of the information reported on the payroll, including representations pertaining to the provision of fringe benefits to employees.

The first report is due no later than 35 days from the time the contractor begins work on each contract and must include whatever payrolls the contractor has paid out at the time of the report. The second report is due no later than 35 days following the end of the first 35-day period on each contract, with subsequent payroll reports due at successive 35-day intervals, e.g., 35 days, 70 days, 105 days, 140 days, etc. from the time the contractor begins work on the contract and must include whatever payrolls have been issued as of the time of the report.

Contractors who have recruited, solicited or supplied workers from the state of Oregon on forestation/reforestation contracts located outside the State of Oregon must also file certified payroll reports. Detailed instructions concerning the preparation of the payroll follow:

Name of Contractor: Fill in the name of the contractor as it appears on the Oregon labor contractor license.

Address: Fill in the contractor's address.

Payroll Period: Enter the period of time covered by the payroll. Each report may include more than one payroll period (e.g. if you pay weekly, you may include 4 payrolls on one report.)

Work Done on Land Owned by: Check applicable line indicating land ownership where work was performed.

Location: Enter the location where work was performed (i.e., Mt. Hood National Forest, Medford District, Bureau of Land Management, etc.).

Contract Number: Enter the contract number if the contract is with the United States Forest Service, Bureau of Land Management, or Oregon State Forestry Department.

Column 1 - Name and Address of Employee: Enter the employee's full name on each payroll submitted. The employee's address must also be shown on the payroll covering the **first** pay period during which the employee is reported.

Column 2 - Work Classifications: For federal contracts, list the classification descriptive of the work actually performed by each employee. Consult the classifications and minimum wage schedule set forth in the contract specifications. Employees may be shown as having worked in more than one classification, provided an accurate breakdown of hours worked in each classification is maintained and shown on the payroll submitted by use of separate line entries.

Column 3 - Rate of Pay, Including Fringe Benefits: On the straight time (ST) line, enter the actual hourly rate paid to the employee for straight time hours worked. On the overtime (OT) line, show the overtime hourly rate paid, which should be one and one half times the straight time rate. If fringe benefits are being paid in cash directly to the employee and not to an approved plan, fund, or program, the rate paid should be listed on the fringe benefit line.

Fringe Benefits - Contractors who pay required fringe benefits to a third party: A contractor who pays fringe

benefits **to approved plans, funds, or programs** on federal contracts shall show on the face of the payroll the basic cash hourly rate and overtime rate paid to his/her employees and check paragraph 3(a) of the statement on the reverse of the payroll to indicate that he/she is also paying to approved plans, funds, or programs not less than the amount predetermined as fringe benefits in the applicable federal wage determination for each craft. Any exceptions shall be noted in Section 3(c). Fringe benefit amounts paid in cash to the worker should be calculated and paid for each hour worked (up to a maximum of 40 hours).

Contractors who pay fringe benefits in cash: On federal contracts, a contractor who pays no fringe benefits to an approved plan, fund, or program must pay to the employee, and include in the Rate of Pay column of the payroll, an amount not less than the predetermined rate for each classification plus the amount of fringe benefits determined for each classification in the applicable wage decision. It is not necessary to pay time and one half the cash paid in lieu of fringes for overtime hours worked. In addition, the contractor shall check paragraph 3(b) of the statement on the reverse of the payroll to indicate that he/she is paying fringe benefits in cash directly to his/her employees. Any exceptions shall be noted in Section 3(c).

Use of Section 3(c), Exceptions: Any exceptions to either Section 3(a) or 3(b) shall be entered in Section 3(c). Enter in the "Exception" column the craft, and enter in the "Explanation" column the hourly amount paid to plans, funds, or programs as fringes.

Column 4 - Hours Worked: List the total number of straight time (ST) and overtime (OT) hours worked during the period even if the employee is paid on a piece rate. The total hours worked must be listed in this column.

Column 5- Total Pieces (if applicable): List the total pieces produced if the employee is paid a piece rate.

Column 6 - Equipment Rental: The hourly rate paid to the employee for use of his/her own equipment should be entered in this column and included in the gross amount paid column (Column 7).

Column 7 - Gross Amount: Enter the gross amount earned and paid during the pay period.

Column 8 - Withholding Taxes: The total of all payroll taxes that are withheld should be entered in this column. This includes federal withholding, social security, Medicare, state withholding, and the employee's share of workers comp.

Column 9 - Other: Itemize all deductions other than taxes that have been withheld from an employee's check, including such items as advances on wages, motel costs, etc. List each item separately.

Column 10 - Net Wages Paid for Week: Enter the total net wages paid to the employee (Column 7 minus amounts shown in Columns 8 and 9).

Certified Statement: This form need not be notarized; however, the party signing this required statement should have knowledge of the facts represented as true. Failure to provide certified true copies of payroll records is a violation of ORS 658.440(1)(i), and civil penalties of up to $2,000 may be assessed for each violation (ORS 658.453(1)(c)).

Wage and Hour Division -
Labor Contracting Unit
BUREAU OF LABOR AND INDUSTRIES
3865 Wolverine St NE; E -1
Salem, OR 97305-1268
(503) 373-1463

Bureau of Labor and Industries
Wage and Hour Division

This information is available in an alternate format

Payroll for Construction, Farm and Forest Labor Contractors

(See Instructions in Form WH-142)

Name of Contractor: _____ Address: _____

Payroll Period: Work Done on Land Owned By: Location: Name of Company if Private or Contract No. if USFS or BLM:

From _____ to _____* ___ USFS ___ BLM ___ State ___ Private _____ _____

(1) Name and Address	(2) Work Classification	(3) Rate of Pay	(4) Total Hours**	(5) Total Pieces	(6) Equipment Rental	(7) Gross Amount	(8) Withholding Taxes	(9) Other Deductions (Specify purpose and amt)	(10) Net Wages Paid
		ST_____ OT_____ FRINGE_____	ST_____ OT_____						
		ST_____ OT_____ FRINGE_____	ST_____ OT_____						
		ST_____ OT_____ FRINGE_____	ST_____ OT_____						
		ST_____ OT_____ FRINGE_____	ST_____ OT_____						
		ST_____ OT_____ FRINGE_____	ST_____ OT_____						
		ST_____ OT_____ FRINGE_____	ST_____ OT_____						

*_____ First Payroll _____ Mid-Project Payroll _____ Last Payroll (check one) (See Instructions (form WH-142) for due dates of payroll reports.)

** Total Hours must be shown if employee is paid on a piece rate basis

WH-141 (Rev. 2/16)

Date: _____

I, _____, _____ certify
(Name of signatory party) (Title)

1. That I pay or supervise the payment of the persons employed by

_____; that during the payroll period
(Name of licensed contractor)
commencing on the _____ day of _____, 20__, all persons employed in construction, farm, forestation or reforestation work have been paid the full wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said _____from the full wages earned by any person
(Name of licensed contractor)
and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as allowed by law.

2. That the payrolls submitted for the above period are correct and complete; that the wage rates for workers contained therein are not less than the applicable wage rates contained in any wage determination incorporated into any applicable United States Government contract; that the classifications set forth therein for each worker conform with the work performed.

3. That: (Complete only when the Service Contract Act applies.)

a. WHERE FRINGE BENEFITS ARE REQUIRED BY A FEDERAL CONTRACT TO BE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS:

_____ In addition to the basic hourly wage rates paid each worker listed in the above reference payroll, payroll, payment of fringe benefits as listed in the contract have been or will be made to the appropriate programs for the benefit of such employees, except as noted in Section 3 (c) below.

b. WHERE FRINGE BENEFITS ARE PAID IN CASH:

____ Each worker listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 3 (c) below.

c. EXCEPTIONS

Exception (craft)	Explanation

Remarks:

_____

Name and Title:

_____

Signature