



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

- 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