



**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