



**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:**

<input type="checkbox"/> Construction (\$150 fee)	<input type="checkbox"/> Forest "Exempt" (\$350 fee)
<input type="checkbox"/> Farm only (\$150 fee)	<input type="checkbox"/> Farm only <i>Employee Indorsement</i> (\$150 fee)
<input type="checkbox"/> Farm/Forest (\$350 fee)	<input type="checkbox"/> Farm/Forest <i>Employee Indorsement</i> (\$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:**

<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Non-profit Corporation
<input type="checkbox"/> Partnership of ____ individuals	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Agricultural Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Corporation – Publicly Traded	
<input type="checkbox"/> Cooperative Corporation of ____ individuals		

**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)*

**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.

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

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**17. Federal Employer ID Number:**

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

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

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%

**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**

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(Name)

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(Name)

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(Address)

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(Address)

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(City, State, ZIP)

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(City, State, ZIP)

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(Percentage of Interest)

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(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.:*

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**25. Tax compliance certifications from each and every one of the following entities must be submitted with your application.** *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.*

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**Applicant's Signature and Title**

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**Date Signed**