



Employment Standards
519 Grant Rd.
East Wenatchee WA 98802

Phone: 509-886-6580
Phone: 800-292-5920
Fax: 509-886-6510

For Internal Use Only

Application Number:

Name of Farm	Date
Farm Owner's Name	UBI
Do all of the owners or partners provide regular labor and participate in the management of the farm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Entity Type <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other:	
Farm's Physical Location Address	Farm's Mailing Address
Farm's Physical Location City, County, State, Zip Code	Farm's Mailing Address City, County, State, Zip Code
Contact Email Address	Contact Phone Number

Total Number of Employees	Annual Sales Reported to the Internal Revenue Services (IRS) \$
---------------------------	--

Description of Farm (Type of Crop or Animal)

Number of Interns You Intend to Hire	Duration of Internship	Dates: From: To:
Will you pay the intern wages? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", how much? \$ _____ Rate of Pay <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other (specify):	Will you give the intern housing? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you give the intern meals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you give the intern a stipend? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", how much? \$ _____ Rate of Pay <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Other (specify):

Do you have a workers' compensation account? Yes No If "Yes", account number: _____
If "No", you must set up an account before submitting this application. Contact L&I Employer Services at 360-902-4817.

Type of Work to be Completed by Intern(s) (Attach additional pages if needed.)

Description of internship program — provide curriculum of learning modules and supervised participation in farm work activities designated to teach farm interns about farming practices and farm enterprise. (Attach additional pages if needed.)

Is curriculum attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Anticipated Internship Start Date
Applicant's Signature	Signature Date

This section will be completed by the Department of Labor & Industries

Date Application Received:	Result:	Date Application Processed:	Date Certificate Issued:	Date Rejection Letter Mailed:
If Rejected, Reason for Rejection:				