

Revisions to MSPA Forms WH-530, WH-514, WH-514a, and WH-515

Changes to Form WH-530

Overall changes:

- Created more space for responses by rearranging boxes and lines
- Revised capitalization and punctuation for consistency across the form
- Moved the OMB number and expiration date to the bottom of the page
- Reorganized requested information within the boxes for increased readability

Page 1

- Box 1
 - Added following lines: “Is Form FD-258 Fingerprint Card attached? (See instructions)” with space for “yes” and “no” responses
- Box 2
 - Added “country” to permanent address line
 - Moved previous box four (mailing address) to box 2, with request to provide the mailing address if it is different from the permanent place of residence
 - Added “country” to mailing address line
 - Added “primary” before “telephone number”
 - Added “alternate telephone number”
 - Deleted “last six (6) digits of” before “social security number”
- Box 3
 - Moved lines requesting date of birth, citizenship status, visa number, and visa expiration date to box four
 - Rearranged order of requested information
- Box 4
 - Moved original requested information (mailing address) to box two.
 - Removed “(a)” and deleted the note in (a) that says “(if No, go to (b))”
 - Deleted the entire section (b) on the alien registration number
 - Removed “(c)”
 - Added lines requesting date of birth, citizenship status, visa number, and visa expiration date
- Box 5
 - Bolded the line “(Attach copy of license to application)”
 - Bolded the line that starts with “A valid Doctor’s Certificate...”
- Box 6
 - Bolded “attach a copy of the final judgment”
 - Corrected the spelling of judgment

Page 2

- Box 7
 - Deleted line “if a corporation, give legal name (and doing business as/dba), address, telephone number, date, and state of incorporation”
 - Added line “If the applicant has submitted any other applications under a different name(s), provide the names here”
 - Deleted “if none, enter none” under lines for date of incorporation, IRS employer identification number, state of incorporation, and state unemployment insurance reporting number

- Box 9
 - Changed the line that says “Describe your method of operation...” to “Location(s) of work, including farm name(s), city, and state” and added response line
 - Added another response line for crops and work activities

- Box 10
 - Deleted “Give number, type and seating capacity...”
 - Added “Number of workers, type of vehicle(s) and seating capacity” with a response line next to response “yes”
 - Moved the statement “submit proof of compliance with the insurance....” to language concerning workers compensation
 - Moved the above referenced language to above the response “no”
 - Inserted a line for a response following the statement “explain how workers get to the worksite
 - Bolded the statement “explain how workers get to the worksite.”
 - Deleted “Submit a properly completed....” next to both the Yes and No boxes
 - Next to the “yes” responses, added “Is a properly completed WH-514 Vehicle Mechanical Inspection Report attached for each vehicle?” with spaces for yes and no
 - Next to the “no” response, added “Is a properly completed WH-514a Vehicle Mechanical Inspection Report attached for each vehicle?” with spaces for yes and no

- Box 11
 - Bolded all the language in parenthesis next to both yes and no

Page 5

- Changed “item 2” to “items 2-4”

Changes to Forms WH-514 AND WH-514a

- Changed “name of carrier” to “name of applicant”
- At the end of the first paragraph, bolded the sentence “The inspection must be performed by an independent...not affiliated with the applicant”

- Deleted “vehicle:” in front of “serial or motor no.”
- Moved “registration number”, “state”, and “make” further up on the form
- Added “license plate no.”, “model”, “year”, “color”, and “no. of seats”
- Added the question “This vehicle is used to pull a trailer” with yes and no responses to be checked
- Added “station wagon” and “passenger car” to the types of vehicles identified on the form
- Changed item 14 to “windshield/windows”
- Added “(if applicable)” after “authorized inspection number”
- Added “of inspection number (if applicable)” following “expiration date”
- Changed “address where inspection is performed” to “address of shop (garage)”
- Added to “title”, “of person making inspection”
- Changed “expiration date” to read “expiration date of inspection number (if applicable)”
- Changed “accessory” to “accessories”

Changes to Form WH-515

- Revised the line that currently says “(Signature of Examining Doctor)” to first say “(Name of Examining Doctor)” and then “(Signature of Examining Doctor)”
- Revised the formatting so that the wording in parenthesis below each line is centered below the line
- Added a box at the bottom that says “For Internal Use Only: Medical Certificate Expiration Date”