

**Application for a Farm Labor Contractor or
Farm Labor Contractor Employee
Certificate of Registration
Migrant and Seasonal Agricultural Worker Protection Act**

U.S. Department of Labor
Wage and Hour Division



**OMB NO: 1235-0016
Expires: 11/30/2018**

Part I – To Be Completed by ALL Applicants

Please read instructions before completing this application. No Farm Labor Contractor (FLC) or Farm Labor Contractor Employee (FLCE) Certificate of Registration may be issued unless a completed form has been received (29 U.S.C. 1801 et. seq.).

1. Application for certificate of registration for:
(Check only one)

FLC	Initial	Renewal	Amended
FLCE	Initial	Renewal	Amended

If renewal, Prior Certificate Number: _____

Is form FD-258 fingerprint card attached? Yes No
(See Instructions)

2. Name to appear on certificate (Please Type or Print)

e _____
(Last) (First) (Middle)

Permanent place of residence (Address May Not Be a P.O.Box):

Street: _____ City: _____
State: _____ Zip Code: _____ Country: _____

If mailing address is different, please complete the following
(Address May Be a P.O. Box):

Street: _____ City: _____
State: _____ Zip Code: _____ Country: _____

Primary Telephone Number: _____
Alternate telephone: _____
Social Security Number: _____

3. Sex: Male Female

Height: _____ ft. _____ in Weight: _____ lbs.
Eye color: _____ Hair color: _____

4. Date of birth (mo., day, year) : _____

United States citizen: Yes No

If naturalized citizen, provide date: _____

If visa holder, provide visa no. or temporary worker visa no.:

Visa expiration date (If applicable) : _____

5. Driving authorization: (To be completed by an "individual" applicant)

Will you drive a vehicle to transport workers?
Yes No

If "yes", read instructions and complete the following:

Driver's license no.: _____
(Attach copy of license to application)

State: _____ Date issued: _____

Expiration date: _____ Class: _____

Endorsements: _____

Restrictions: _____

A valid doctor's certificate must be submitted every three years.

Doctor's certificate expiration date: _____

Is doctor's certificate attached? Yes No

Will drive workers for: Self Other

If "Other," specify the name and FLC registration number:

6. Have you been convicted within the past 5 years, under State or Federal law, of any of the following crimes?

A. Any crime relating to gambling, or to the sale, distribution, or possession of alcoholic beverages, in connection with or incident to any farm labor contracting activities.
Yes No

B. Any felony involving robbery, bribery, extortion, embezzlement, grand larceny, burglary, arson, violation of narcotics laws, murder, rape, assault with intent to kill, assault which inflicts grievous bodily injury, prostitution, peonage, or smuggling or harboring individuals who have entered the United States illegally.
Yes No

(If "Yes," to a **CONVICTION** of any of the above, **attach a copy of the final judgment** in the case to your application. If you do not possess a copy of the final judgement, attach an additional sheet listing the crime, date, place of conviction, and the court of jurisdiction.)

A false answer or misrepresentation to any question may be punishable by fine or imprisonment.
18 U.S.C. § 1001, 29 U.S.C. §§ 1851-1853; 29 C.F.R. § 500.6.

NOTE:

IF YOU ARE APPLYING AS A FARM LABOR CONTRACTOR, CONTINUE WITH PART II

IF YOU ARE APPLYING AS A FARM LABOR CONTRACTOR EMPLOYEE, SKIP PART II AND GO DIRECTLY TO PART III
(A Farm Labor Contractor Employee is a person who performs farm labor contracting activities solely on behalf of a [specific] Farm Labor Contractor holding a valid Certificate of Registration and is not an independent Farm Labor Contractor who would be required to register under the Act in his/her own right.)

Part II – To Be Completed by Farm Labor Contractor (FLC) Applicant

7. The applicant is a/an: *(Check One)*

- Individual Corporation Partnership Other *(Specify)*

Name of applicant *(or legal name of corporation, and doing business as / dba)* () _____
(Area code) *(Number)*

If the applicant has submitted any other applications under a different name(s), provide the names here

Name of representative for purposes of this application

(Street) _____ _____ _____
(City) *(State)* *(Zip Code)*

Date of incorporation: _____ IRS employer identification No.: _____

State of incorporation: _____ State unemployment insurance reporting no.: _____

8. Check each activity to be performed involving migrant and/or seasonal agricultural workers for agriculture employment:

- Recruit Hire Furnish Transport Solicit Employ

9. Give the greatest number of migrant and/or seasonal agricultural workers that will be in the crew(s) at any time: _____

The intended farm labor contracting activities will begin approximately: _____
(Month, Day, Year)

Indicate whether you employ or intend to employ H-2A visa workers. Yes How many? No

Indicate whether you employ or intend to employ H-2B visa workers. Yes How many? No

Location(s) of work (including farm name(s), city, and state): _____ Crops: _____

Work activities: _____

10. Will you be directly transporting workers or engaging others to provide transportation?

Yes. Number of Workers: _____ Type of vehicle(s) and seating capacity: _____

Will any single trip be more than 75 Miles round-trip?

Yes. Is a properly completed WH-514 Vehicle Mechanical Inspection Report attached for each vehicle? Yes No

No. Is a properly completed WH-514a Vehicle Mechanical Inspection Report attached for each vehicle? Yes No

Submit proof of compliance with the insurance or financial responsibility requirements. Note that workers' compensation provides specific coverage and may not cover out-of-state travel or non-work related travel. Also note that if transportation authorization is issued based on a workers' compensation insurance policy provided by a specific employer, the insurance coverage is limited to such times as the applicant is actually working for that employer.

No. Explain how workers get to the worksite _____

11. Will you own or control any facility or real property which will be used by migrant agricultural workers in the crew(s) at any time?

Yes. **Submit statement identifying all housing to be used and proof that such housing meets all applicable Federal and State safety and health standards.**

No. **Give the name and address of all persons who own or control housing to be used by migrant agricultural workers in the crew.**

CERTIFICATION

I certify that compensation is to be received for the intended farm labor contractor services and that all representations made by me in this application are true to the best of my knowledge and belief.

Applicant's Signature and Title (if other than individual) and Date

Statement of Intention to Comply with Housing Requirements of the Migrant and Seasonal Agricultural Worker Protection Act (MSPA)

Section 102(3) of the MSPA requires that an applicant for a certificate of registration with authorization to house migrant agricultural workers shall file a statement identifying each facility or real property to be used by the applicant to house any migrant agricultural worker during the period for which registration is sought. 29 U.S.C. § 1812(3); 29 C.F.R. § 500.45(c). If the facility or real property is or will be owned or controlled by the applicant, such statement shall provide documentation showing that the applicant is in compliance with all substantive Federal and State safety and health standards with respect to each such facility or real property. I hereby declare that I will not house migrant agricultural workers in any facility or real property I own or control until I have submitted all necessary written evidence and have been issued a Certificate of Registration with housing authorized. I understand that I may then house migrant agricultural workers only in facilities or real property which has been authorized by the Secretary of Labor.

Signature of Applicant

Date

Authorization of the Secretary of Labor to Accept Legal Process

The following authorization is executed pursuant to section 102(5) of the MSPA. 29 U.S.C. § 1812(5); 29 C.F.R. § 500.45(e).

"I do hereby designate and appoint the Secretary of Labor, United States Department of Labor, as my lawful agent to accept service of summons in any action against me at any and all times during which I have departed from the jurisdiction in which such action is commenced or otherwise have become unavailable to accept service, and under such terms and conditions as are set by the court in which such action has been commenced."

Signature of Applicant

Date

**PART III – To Be Completed by Any Applicant for a
Farm Labor Contractor Employee (FLCE) Certificate of Registration**

<p>12. Employer Identification (<i>Name, Farm Labor Contractor Registration No.</i>):</p> <p>Name: _____</p> <p>Number: C- / / / / / / / / / / / / / / / / _____</p>	<p>13. Approximate Date the Planned Farm Labor Activity Will Begin:</p> <p align="center">_____</p> <p align="center"><i>(Month, Day, Year)</i></p>
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CERTIFICATION

I certify that I am an employee of the farm labor contractor identified above and will perform farm labor contracting activities only for that farm labor contractor and for no other farm labor contractor. I certify that all representations made by me in this application are true to the best of my knowledge and belief.

Signature of Applicant Date

Authorization of the Secretary of Labor to Accept Legal Process

The following authorization is executed pursuant to section 102(5) of the MSPA. 29 U.S.C. § 1812(5); 29 C.F.R. §500.45(e).

“I do hereby designate and appoint the Secretary of Labor, United States Department of Labor, as my lawful agent to accept service of summons in any action against me at any and all times during which I have departed from the jurisdiction in which such action is commenced or otherwise have become unavailable to accept service, and under such terms and conditions as are set by the court in which such action has been commenced.”

Signature of Applicant Date

Instructional and Informational Guide for Applying for a Certificate of Registration

For Further Details, Refer to the Regulations (29 C.F.R. Part 500) and to the U.S. Department of Labor Publication, "Migrant and Seasonal Agricultural Worker Protection Act (MSPA)."

NOTE: Submission of this application form does not authorize the applicant to engage in farm labor contracting activities. If the application is approved, the applicant will be issued either a **Farm Labor Contractor (FLC)** or a **Farm Labor Contractor Employee (FLCE) Certificate of Registration**.

This application is divided into three parts: Part I is to be completed by all applicants and contains general identifying information. Part II is to be completed *only* by applicants applying for a FLC Certificate of Registration. Part III is to be completed *only* by applicants applying for a FLCE Certificate of Registration.

Item 1 – Application for certificate. (Please check only one block.)

If no FLC or FLCE (whichever is applicable) Certificate of Registration (Form WH-511 or WH-513) has ever been issued to you by the U.S. Department of Labor (even though you previously applied for one), check "initial." If your certificate has expired, check "initial." If a certificate has been issued to you by the U.S. Department of Labor and that certificate has not yet expired, check "renewal" and enter the number of the last certificate issued to you. If a certificate has been previously issued to you, but circumstances have changed that necessitate an amendment to your original certificate (e.g., change of permanent address, or to add or remove an authorization to transport, house, or drive covered workers), check "amended." If you are applying for an initial certificate, attach a completed Form FD-258, *Fingerprint Card*, to this application. If applying for a renewal certificate and your last Fingerprint Card is more than three years old, submit another completed Form FD-258. A Fingerprint Card is **not** required for applications to "amend" a Certificate of Registration.

Type of Certificate – Check **one** block to indicate whether applying as a FLC or as a FLCE.

Items 2-4 – Person making application. This item is to identify the person submitting the application regardless of whether they are applying for a certificate in their own name or on behalf of an organization.

Item 5 – If you drive a motor vehicle to transport migrant or seasonal agricultural workers and you are applying for an initial certificate, submit a completed Form WH-515, *Doctor's Certificate*, with this application. If applying for a renewal certificate and your last Doctor's Certificate is more than three years old, submit another completed Form WH-515. We also allow the submission of unexpired, properly completed Department of Transportation doctor certification forms such as the DOT Medical Examiner's Certificate or the DOT Form 649-F *Medical Examination Report for Commercial Driver Fitness Determination*.

Item 7 – Operating as an individual or organization. If application is for a corporation, partnership, or other organization, each officer, director, partner, or employee who will engage in any of the covered farm labor contracting activities on behalf of the organization must obtain **either a FLC Certificate of Registration or a FLCE Certificate of Registration** prior to so engaging in farm labor contracting activities.

Item 8 – For a definition of "employ," see 29 C.F.R. § 500.20(h)(4). All other terms have their common meaning.

Item 10 – A certificate of registration **Authorizing the Applicant to Transport Migrant Workers** in connection with the applicant’s business, activities, or operations as a farm labor contractor shall be issued only after the following have been submitted:

- a. **Evidence of compliance** with applicable Federal and State rules and regulations as follows:

All vehicles which the applicant is to provide or arrange to furnish to transport migrant or seasonal agricultural workers must first be inspected and approved each year by a Federal or State inspector or by a responsible garage or mechanic. A completed Form WH-514 or WH-514a, *Vehicle Identification and Mechanical Inspection Report*, must be submitted to the U.S. Department of Labor each year for each vehicle to be used to transport workers.

- b. **Evidence of compliance** with the insurance or financial responsibility requirements of the Migrant and Seasonal Agricultural Worker Protection Act and the Regulations issued thereunder. 29 C.F.R. §500.120-.128.

If worker’s compensation coverage is provided in lieu of vehicle insurance, submit proof of a worker’s compensation coverage policy of insurance plus a \$50,000 property damage policy or a **Farm Labor Contractor Motor Vehicle Liability Certificate of Insurance** showing that workers are covered by liability insurance while being transported.

Item 11 – A farm contractor is considered an “owner” of migrant agricultural worker facilities or real property if the farm labor contractor has a legal or equitable interest in such facilities or real property. A farm labor contractor is in “control” of facilities or real property when the contractor is in charge of or has the power or authority to oversee, manage, superintend, or administer facilities or real property either personally or through an authorized agent or employee acting in any of the aforesaid capacities.

Proof that facilities or real property owned or controlled by a farm labor contractor complies with applicable Federal and State safety and health standards can be satisfied by one of the following:

- 1. A certification issued by a State or local health authority or other appropriate agency, or
- 2. A dated and signed written request for the inspection of a facility or real property made to the appropriate State or local agency at least forty-five (45) days prior to the date on which it is to be occupied by migrant agricultural workers.

Item 12 – Section 101(b) of the MSPA requires that a person issued a Farm Labor Contractor Employee Certificate of Registration be an employee of a person holding a valid Farm Labor Contractor Certificate of Registration. 29 U.S.C. § 1811(b). The employer identification should be in the name in which your employer’s Farm Labor Contractor Certificate was issued. If no certificate has been issued but your employer has applied, enter “applied” and the date in the space provided for the registration number.

Submission of Application

~~If the applicant's permanent place of residence is in Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, or Tennessee, the application should be sent to one of the following two addresses:~~

Send first class mail, certified mail, and USPS Express Mail to:

~~U.S. Department of Labor
Wage and Hour Division
Southeast Farm Labor Certificate Processing
P.O. Box 56447
Atlanta, GA 30343-0447~~

~~Send all other ground and express courier services to:~~

~~U.S. Department of Labor
Wage and Hour Division
Southeast Farm Labor Certificate Processing
233 Peachtree Street NE, Suite 610
Atlanta, GA 30303~~

~~If the applicant's permanent place of residence is anywhere else in the country, then the application should be sent to:~~

U.S. Department of Labor
Wage and Hour Division
~~Western~~ Farm Labor Certificate Processing
90 Seventh Street, Suite 13-100
San Francisco, CA 94103

Applies ONLY to Part II Applicants:

Statement of Intention to Comply with Housing Requirements. Any applicant for a Farm Labor Contractor Certificate or Registration who answers “yes” in item 11 must attest that they will not house migrant agricultural workers in any facility or real property under their ownership or control until all necessary written evidence has been submitted and a certificate of registration **Authorizing the Applicant to House Migrant Workers** has been issued.

Applies to BOTH Part II and Part III Applicants:

Certification. This application must be signed by you before a Certificate of Registration will be issued. The completed application and related forms and documents should be submitted to any local employment service office or other designated office in the State.

Authorization to Accept Legal Process. Each applicant for a Certificate of Registration, in addition to all other requirements, must sign the statement authorizing the Secretary of Labor to accept legal service of summons in any action against the applicant when such applicant is unavailable to accept summons, or has departed from the jurisdiction of the court in which such action is commenced.

Important–Privacy Act and Paperwork Reduction Act Public Burden Statement

1. The purpose of this form is to provide the Department of Labor with sufficient information to identify and determine the qualifications of the applicant for the requested certificate to serve as a FLC or FLCE.
2. In addition to the Department of Labor using this collection of information in the FLC/FLCE registration process, information from this form may be used in the course of presenting evidence to a court of administrative tribunal or in the course of settlement negotiations.
3. Failure to provide the information precludes the issuance of necessary documents required under the law. Your social security number is used for identification purposes; its submission is authorized by 29 C.F.R. Part 500.
4. Information collected in response to this request may be disclosed in accordance with the provisions of the Freedom of Information Act, 5 U.S.C. § 552; the Privacy Act, 5 U.S.C. § 552(a); and related regulations, 29 C.F.R. Parts 70, 71. The Department of Labor makes no express assurances of confidentiality regarding this collection of information.
5. Submission of this information is required under the MSPA in order to obtain the benefit of a FLC or FLCE Certificate of Registration. 29 U.S.C. §§ 1811-1812; 29 C.F.R. § 500.44-47. Unlawfully engaging in FLC activities without a valid FLC/FLCE Certificate of Registration may subject you to civil or criminal penalties. See 29 U.S.C. §§ 1851-1853; 29 C.F.R. 500 Subpart E.
6. Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number.
7. The Department of Labor estimates that it will take an average of 30 minutes to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. If you have any suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, Room S-3502, 200 Constitution Avenue, N.W., Washington, DC 20210.

DO NOT SEND THE COMPLETED FORM TO THIS OFFICE, SEND TO THE ADDRESS APPEARING ON PAGE 6 OF THIS FORM.