**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”