

## 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”