

Please read instructions before completing this application. No Farm Labor Contractor Certificate of Registration may be issued unless a completed form has been received. Please do not staple the form or accompanying documents.

Complete this form if you are a **farm labor contractor**, meaning that you are:

- a person or business who recruits, solicits, hires, employs, furnishes, or transports migrant or seasonal agricultural workers for money or other benefit;
- not an agricultural employer, agricultural association, or employee of an agricultural employer or association; and
- not subject to the exemption criteria found in 29 U.S.C. § 213(a)(6)(A) and 29 C.F.R. 500.30.

Do not complete this form if you are a farm labor contractor employee, meaning that you recruit solicit, hire, employ furnish, or transport migrant or seasonal agricultural workers solely on behalf of a registered farm labor contractor. If you are a **farm labor contractor employee** please register using form **WH-535**.

Do not complete this form if you are seeking to amend a current farm labor contractor or farm labor contractor Certificate of Registration. To request an amendment, please use form **WH-540**.

1. TYPE OF APPLICATION FOR CERTIFICATE OF REGISTRATION: (CHECK ONLY ONE)

Initial Renewal

Previous/current certificate number (if applicable): _____

2. FIREFIGHTERS

Will the applicant engage in firefighting activities? Yes No

If yes, specify the firefighting activities: _____

Proceed to Section 3.

3. THE APPLICANT IS A/AN: (CHECK ONE)

- Individual (with or without "Doing Business As" (DBA) name). **Proceed to Section 3B.**
- Proprietorship. **Proceed to Section 3B.**
- Corporation. **Proceed to Section 3A.**
- Partnership. **Proceed to Section 3A.**
- Limited Liability Company (LLC). **Proceed to Section 3A.**
- Other _____ . **Proceed to Section 3A.**

3A. COMPANY, CORPORATION, PARTNERSHIP, LLC, OR OTHER

Company name to appear on certificate:

EIN (tax ID): _____

Section 3A continues on next page. Please complete all of Section 3A.

Applicant Representative Information:

Note that the Applicant Representative is a person with decision-making authority for the company, such as the owner, president, CEO, etc.

First Name: _____ Middle Name
(Optional): _____

Last Name: _____

Social Security Number: _____ Date of Birth (mm/dd/yyyy):

Has the applicant representative ever been known by any other names (e.g., maiden name)?

Phone number: _____ Email address
(optional): _____

Proceed to Section 4.

3B. INDIVIDUAL OR PROPRIETORSHIP

Name to appear on certificate:

First Name: _____ Middle Name (optional): _____

Last Name: _____

Social Security Number: _____ Date of Birth (mm/dd/yyyy):

DBA Name (If applicable): _____

DBA EIN (If applicable): _____

Phone number: _____ Email address (optional):

Proceed to Section 4.

4. ADDRESS

Applicant or Applicant Representative's permanent place of residence (this may not be a P.O. Box):

Address: _____

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

Mailing or business address, if different from address above:

Address: _____

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

Which address should appear on the certificate?

- Permanent place of residence Mailing / business address

Proceed to Section 5.

5. FARM LABOR CONTRACTING ACTIVITIES TO BE PERFORMED

Check each activity to be performed involving migrant and/or seasonal agricultural workers for agricultural employment under this certificate:

- Recruit Hire Furnish Transport Solicit
Employ

Location of work with as much specificity as possible, including State, city, and farm name(s), if known:

Proceed to Section 6.

6. CRIMINAL HISTORY

Has the applicant or, in the case of a company, the applicant's representative, been convicted within the past 5 years, under State or Federal law, of any of the following crimes?

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

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 the applicant marked "Yes" to A or B, attach a copy of the final judgment. Attached

A properly completed Form FD-258 Fingerprint Card must be submitted to WHD at least once every three years. Is Form FD-258 attached to this application?

- My completed Form FD-258 is attached. **Proceed to Section 7.**
 I previously submitted a completed Form FD-258 within the last three years. **Proceed to Section 8.**

7. FORM FD-258 FINGERPRINT CARD

Read and sign the statement below.

The completed form FD-258 submitted with your application will be used to check the criminal history records of the FBI. Applicants will have the opportunity to complete or challenge the

accuracy of the information in this FBI identification record. Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in 28 CFR 16.34. Your signature below acknowledges this agency has informed you of your privacy and redress rights.

SIGNATURE: _____ DATE: _____

Proceed to Section 8.

8. DOES THE APPLICANT REQUIRE TRANSPORTATION AUTHORIZATION?

Will the applicant be transporting workers in vehicles that it owns or controls?

Yes. **If Yes, proceed to Section 9 to apply for transportation authorization.**

No. If No, but the applicant will be engaging others to provide transportation, identify the vehicles, companies, growers, and/or FLCs (including FLC registration numbers) that the applicant will engage to provide transportation:

If No is checked, proceed to Section 10.

9. APPLICATION FOR TRANSPORTATION AUTHORIZATION

Submit proof of compliance with the motor vehicle safety and insurance requirements for EACH vehicle that you own or control to transport migrant or seasonal agricultural workers. This proof must be a completed form WH-514, WH-514a, or other substantially similar report. See instructions for further details. Attached

How will the applicant comply with the insurance or liability bond requirements?

(Check all that apply.)

Attach proof of compliance for each of the vehicle insurance/liability bond options checked. See instructions for acceptable proof of compliance.

Vehicle liability insurance coverage in the amount of not less than \$100,000 for each seat in the vehicle.

Liability bond

State workers' compensation insurance coverage **and** a minimum of \$50,000 per accident in motor carrier or other appropriate insurance covering loss or damage to the property of others (excluding cargo). **The workers' compensation policy must cover all circumstances in which the migrant or seasonal agricultural workers will be transported or, if necessary, additional coverage through a liability insurance policy or liability bond must be procured for transportation not covered by the State law. (If using workers' compensation coverage in lieu of vehicle insurance, the applicant must complete the following additional questions and sign the additional attestation.)**

In what State(s) will the applicant be transporting workers?

If using State workers' compensation insurance coverage in lieu of vehicle insurance, check all circumstances in which the applicant will transport workers and sign below:

Daily transportation between living quarters and worksite

Recurring transportation to run errands (e.g., to the grocery store, laundromat, etc.)

Long distance travel between worksites, or to/from the worker's permanent residence in a different city, State, or country

Other (describe):

Section 9 continues on next page. Please complete all of section 9.

I affirm that I have truthfully listed all circumstances in which I will transport workers, and that my workers' compensation policy covers these circumstances under applicable State law. I further affirm that I will not transport workers in any circumstances not covered under applicable State law by my workers' compensation policy.

Signature of Applicant or Applicant Representative:

_____ Date: _____

Proceed to Section 10.

10. DOES THE APPLICANT REQUIRE DRIVING AUTHORIZATION?

Is the applicant an individual or proprietorship? Yes. No. **If No, proceed to Section 12.**

(Note that only an individual (with or without a DBA name) or proprietorship applicant may apply for driving authorization.)

Will the applicant drive a vehicle to transport workers?

Yes. **If Yes, proceed to Section 11 to apply for driving authorization.**

No. **If No, proceed to Section 12.**

11. APPLICATION FOR DRIVING AUTHORIZATION

Only complete if the applicant is an individual (with or without a DBA name) or proprietorship.

In what State(s) will the applicant be driving workers?

Attach a copy of the applicant's driver's license (front & back). Attached

Attach a copy of the applicant's doctor's certificate (WH-515 or applicable Department of Transportation Form).

Attached

Not applicable (WHD has a currently valid doctor's certificate on file)

Proceed to Section 12.

12. DOES THE APPLICANT REQUIRE HOUSING AUTHORIZATION?

Will the applicant own or control any facility or real property that will be used for housing by migrant agricultural workers in the applicant's crew(s) at any time?

Yes. **If Yes, proceed to Section 13 to apply for housing authorization.**

No. **If No, but the applicant will be employing migrant workers, identify all facilities or real property owned and/or controlled by others where migrant workers will be housed. Then, proceed to Section 14.**

Not applicable. The applicant will only employ seasonal workers able to return to their permanent residences each day. ***If not applicable, proceed to Section 14.***

13. APPLICATION FOR HOUSING AUTHORIZATION

Check the applicable box below, and attach the corresponding document indicating that the housing that is owned or controlled by the applicant and that will be used to house migrant agricultural workers meets all applicable Federal and State safety and health standards. Such proof must be submitted for each facility or real property and must identify the specific housing (i.e., address).

MSPA form WH-520, Housing Occupancy Certificate issued by a State or local health authority or other appropriate agency.

Occupancy certificate or permit issued by a State or local government agency.

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.

Read and sign the following statement.

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 that has been authorized by the Secretary of Labor.

Signature: _____ Date: _____

Proceed to Section 14.

14. CERTIFICATIONS AND AUTHORIZATIONS

All applicants must read and sign all certifications and authorizations in this Section.

Certification of Truthfulness in Application

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

SIGNATURE: _____ DATE: _____

Section 14 continues on next page. See next page for additional certifications and authorizations required.

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

When using, or causing to be used, any vehicle for providing transportation to migrant and/or seasonal agricultural workers, I declare that I will ensure that each vehicle conforms to applicable Federal and State safety regulations, that it has an insurance policy or liability bond in effect which insures me against liability for damage to persons or property arising from transporting any migrant or seasonal agricultural workers in that vehicle, and that each driver has a valid and appropriate license, as provided by State law, to operate the vehicle. I further declare that I will not transport migrant or seasonal agricultural workers in any vehicle I own or control until I have submitted all necessary written evidence and have been issued a Certificate of Registration with transportation authorized, and that I will maintain the vehicle(s) in accordance with applicable Federal and State safety regulations, maintain insurance at the required levels, and transport only in circumstances that are covered by my insurance.

SIGNATURE: _____ DATE: _____

Authorization of the Secretary 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: _____ DATE: _____

INSTRUCTIONS FOR INITIAL OR RENEWAL APPLICATION FOR A FARM LABOR CONTRACTOR CERTIFICATE OF REGISTRATION (APPLICATION FOR "ORANGE CARD")



PURPOSE OF FORM WH-530

The Migrant and Seasonal Agricultural Worker Protection Act (MSPA) protects migrant and seasonal agricultural workers by establishing employment standards related to wages, housing, transportation, disclosures and recordkeeping. Generally, the MSPA applies to any person (or business) who recruits, solicits, hires, employs, furnishes, or transports migrant or seasonal agricultural workers (the MSPA refers to these activities as "farm labor contracting activities"). In order to legally operate as a farm labor contractor (FLC) or farm labor contractor employee (FLCE), individuals and companies must apply to the U.S. Department of Labor for a Certificate of Registration authorizing the applicant to engage in farm labor contracting activities. During the period for which the Certificate of Registration is in effect, each FLC and FLCE must notify the Department of Labor to amend the certificate to reflect important changes, such as a change in address.

Certain persons and organizations, such as small businesses meeting the exemption criteria of 29 U.S.C. § 213(a)(6)(A), are exempt from the MSPA and are not required to register as farm labor contractors. In addition, establishments meeting the MSPA definition of an "agricultural association" or "agricultural employer," are not required to register as farm labor contractors.

The Wage and Hour Division of the U.S. Department of Labor administers and enforces the MSPA. For more information, contact the [Wage and Hour Division through its website at https://www.dol.gov/agencies/whd/contact](https://www.dol.gov/agencies/whd/contact) or by telephone at 1-866-4US-WAGE (1-866-487-9243), TTY: 1-877-889-5627. The federal regulations implementing MSPA appear in [29 C.F.R. Part 500](#). The regulations are available here: <https://www.dol.gov/agencies/whd/laws-and-regulations/laws/mspa>

WHO MAY SUBMIT A FORM WH-530?

This form is used to apply to the U.S. Department of Labor's Wage and Hour Division (WHD) for an initial or renewal Certificate of Registration, authorizing the applicant to engage in "farm labor contracting activities" as a farm labor contractor (FLC).

If you are the employee of a FLC and will be performing farm labor contracting activities solely on behalf of such FLC, complete form WH-535.

If you are seeking to amend an existing certificate, complete form WH-540.

GENERAL WH-530 INSTRUCTIONS

IMPORTANT: Submitting the application form does not authorize you to engage in farm labor contracting activities. If the application is approved, you will be issued a Farm Labor Contractor (FLC) Certificate of Registration, at which time you may begin to engage in the authorized activities. **No Farm Labor Contractor Certificate of Registration may be issued unless a completed form has been received (see 29 U.S.C. 1811).** The application will be returned without processing if it is incomplete, and the applicant will be required to resubmit.

In addition, depending upon the specific activities for which you are seeking authorization (i.e., housing, transporting, or driving covered workers), additional forms/documentation must be submitted with your application. Each section of this application requiring additional form(s) or documentation will include the name and location of the form(s) and/or a description of the specific documentation needed.

Note: The terms **APPLICANT** and **APPLICANT REPRESENTATIVE** are both used in this application. The **APPLICANT** is the entity requesting certification, and may be a corporation, partnership, limited liability company (LLC), proprietorship, or an individual. If the **APPLICANT** is any entity other than a proprietorship or individual, the **APPLICANT REPRESENTATIVE** must be a person with decision-making authority for the entity, such as the owner, president, CEO, etc.

1. TYPE OF APPLICATION FOR CERTIFICATE OF REGISTRATION

Check one box to indicate whether the applicant is submitting an initial or renewal application.

Check **INITIAL** if:

no certificate of registration has ever been issued to the applicant;
a certificate was previously issued to the applicant, and it is now expired; or
a certificate was previously issued to the applicant, and it is due to expire in *less than 30 days*. (For example, if today is January 1st, and the current certificate is due to expire on January 15th.)

Check **RENEWAL** if:

a certificate of registration was previously issued to the applicant, and it is not yet expired; *and*
the certificate is due to expire in 30 days or *more*.

Identify the current or previous certificate number, if applicable, regardless if the application is an initial or renewal.

Note: A MSPA certificate may be temporarily extended by the timely filing of a **properly completed and signed application** for renewal at least 30 days before the expiration of your current certificate. If the application for renewal is filed by regular mail or delivered in person, it must be received by the Department at least 30 days prior to the expiration date on the current certificate. If the application for renewal is filed by certified mail, it must be mailed at least 30 days prior to the expiration date on the current certificate.

2. FIREFIGHTERS

Check **YES** if the applicant will be engaged in performing any firefighting activities. If checking **YES**, explain specific kinds of firefighting activities the applicant will perform.

3. THE APPLICANT IS A/AN:

Check one box to indicate if the applicant is an **INDIVIDUAL, PROPRIETORSHIP, CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY, OR OTHER**.

If the applicant is an **INDIVIDUAL (with or without DBA name) or PROPRIETORSHIP**, skip Section 3A and **proceed to Section 3B**.

If the applicant is a **CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY, or OTHER**, complete Section 3A, skip Section 3B.

3A. COMPANY, CORPORATION, PARTNERSHIP, LLC, OR OTHER

Complete this section (and skip Section 3B) if your company is operating as a **CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY, or OTHER**.

Identify the **COMPANY NAME** and **EIN (TAX ID) NUMBER** that should appear on the certificate.

Identify the **FIRST NAME, MIDDLE NAME (OPTIONAL), and LAST NAME** of the **APPLICANT REPRESENTATIVE** submitting the application. The **APPLICANT REPRESENTATIVE** must be an individual who has authority to make significant decisions for the company, e.g., the owner, president, C.E.O., etc. Provide the applicant representative's social security number

and date of birth. If attaching an **FD-258** to this application, the information on both forms must be for the same **APPLICANT REPRESENTATIVE**.

Identify if the applicant representative ever been known by other names, such as a maiden name or alias.

Enter the **PHONE NUMBER** and **EMAIL ADDRESS (optional)** to be used to contact the applicant regarding the application.

3B. INDIVIDUAL OR PROPRIETORSHIP

Complete this section (**and skip Section 3A**) if you are operating as an **INDIVIDUAL (WITH OR WITHOUT DBA NAME)** or **PROPRIETORSHIP** and are applying to engage in farm labor contracting activities as a FLC.

Provide the **FIRST NAME**, **MIDDLE NAME**, and **LAST NAME** to appear on the certificate.

Provide the applicant's **SOCIAL SECURITY NUMBER** and **DATE OF BIRTH**.

If the applicant operates the business under a different name, identify the **DBA NAME** and **EIN (TAX ID) NUMBER** (if applicable).

Identify if the applicant ever been known by other names, such as a maiden name or alias.

Enter the **PHONE NUMBER** and **EMAIL ADDRESS (optional)** to be used to contact the applicant regarding the application.

4. ADDRESS

Provide the **APPLICANT REPRESENTATIVE'S** (named in Section 3A) or **APPLICANT'S** (named in Section 3B) permanent address. This address must be for a physical location where the individual resides; **it may not be a P.O. Box**.

If the applicant has a different **MAILING OR BUSINESS ADDRESS** from its permanent address, list this address. Check one box to indicate which address should appear on the certificate. If no box is checked, the certificate will list the **PERMANENT PLACE OF RESIDENCE**.

5. FARM LABOR CONTRACTING ACTIVITIES TO BE PERFORMED

Check the box for each activity to be performed for purposes of this certificate. At least one box must be checked. The MSPA regulations at 29 CFR 500.20(h) provide a definition of "employ." All other terms have their common meaning.

Provide the location of work with as much specificity as possible, including city, state, and farm name(s), if known. If the exact location is unknown, provide as much detail as possible.

6. CRIMINAL HISTORY

Identify if the **applicant representative** or **applicant** has been convicted of any of the listed crimes in the previous five year period.

Check **YES to part A** if he/she was convicted of any crime described in this part that was associated with any farm labor contracting activities.

Check **YES to part B** if he/she was convicted of any crime described in this part **REGARDLESS** of whether the crime was committed in connection with any farm labor contracting activities.

If checking yes to part A and/or B, attach a copy of the final judgment to this application. A final judgment is a court document that contains the final disposition of the case (e.g., convicted, acquitted, dropped, etc.).

Form **FD-258 Fingerprint Card** must be fully completed by the **APPLICANT** or **APPLICANT REPRESENTATIVE** (if the **APPLICANT** is a company) if applying for an **INITIAL** certificate, or if applying for a certificate **RENEWAL** and the last **FD-258** was submitted to WHD more than three years ago. Identify whether the Form FD-258 is attached or has previously been provided within the preceding three-year period.

7. FORM FD-258 FINGERPRINT CARD

If attaching Form FD-258, read and sign the statement regarding privacy and redress rights.

8. DOES THE APPLICANT REQUIRE TRANSPORTATION AUTHORIZATION?

If providing transportation to workers in vehicles that you own or control, complete **Section 8, Application for Transportation Authorization**, below.

If you will not be transporting workers in vehicles that you own or control, but you will be engaging others to provide such transportation, identify the vehicles, companies, growers, and/or FLCs that the applicant will engage to provide transportation.

9. APPLICATION FOR TRANSPORTATION AUTHORIZATION

You must attach proof of compliance with the motor vehicle safety and insurance requirements for EACH vehicle that you own or control to transport migrant or seasonal workers to this application. Acceptable proof of compliance is listed below.

Acceptable Proof of Compliance – Motor Vehicle Safety

Each vehicle must be inspected and approved each year by a Federal or State Inspector or by a licensed, third-party garage or mechanic to ensure that it is in compliance with applicable Federal and State safety standards. Proof of compliance must be demonstrated by submitting a completed [Form WH-514](https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/wh514.pdf) (<https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/wh514.pdf>) or [Form WH-514a](https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/wh514a.pdf) (<https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/wh514a.pdf>), **Vehicle Identification and Mechanical Inspection Report**, or other substantially similar report. Such proof must be submitted EACH year for EACH vehicle used to transport workers.

Acceptable Proof of Compliance – Insurance or Financial Responsibility

The MSPA regulations at 29 CFR 500.120-.128 outline the insurance or financial responsibility requirements with regard to migrant and seasonal agricultural workers. These requirements are also summarized in WHD's Fact Sheet 50 found at <https://www.dol.gov/agencies/whd/fact-sheets/50-mspa-transportation>. A FLC may not transport workers in any vehicle without an insurance policy or liability bond in effect. **Attach proof of compliance of vehicle insurance OR liability bond requirements for EACH vehicle to this application.** The applicant must check the box for the type(s) of insurance or liability bond attached to the application. The options and specific proof required are described below.

- **Vehicle liability insurance coverage in the amount of not less than \$100,000 for each seat in the vehicle, up to a maximum of \$5,000,000 per vehicle.** If checking this box, attach the certificate of insurance (and other information, as necessary) demonstrating the following information:
 - coverage limits for the insurance policy;
 - auto schedule or copies of separate ID cards listing the VINs for the vehicles covered. The VINs on the auto schedule and/or ID cards must match the VINs on the vehicle inspection forms; and

- 0 listing the “Department of Labor” and the address listed in item 15 of the instructions, below, as the certificate holder.
- **Liability bond from a U.S. Department of Treasury approved “surety” assuring payment for any liability up to \$500,000 for damages to persons or property arising out of transporting workers in connection with the business, activities, or operations of the person doing the transporting.** If checking this box, mail the original bond to the address listed in item 15 of the instructions, below.
- **State workers’ compensation insurance coverage and a minimum of \$50,000 per accident in motor carrier or other appropriate insurance covering loss or damage to the property of others (excluding cargo).** The workers’ compensation policy must cover all circumstances in which the migrant or seasonal agricultural workers will be transported or, if necessary, additional coverage through a liability insurance policy or liability bond must be procured for transportation not covered by the State law. Applicants are responsible for consulting with their insurance companies, State workers’ compensation specialists, and/or legal counsel to ensure that all circumstances of transportation will be covered. 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.

If checking this box, attach the certificate of insurance demonstrating the workers’ compensation policy, \$50,000 in insurance covering loss or damage to the property of others, and listing the “Department of Labor” and the address listed in item 15 of the instructions, below, as the certificate holder. If using workers’ compensation coverage in lieu of vehicle insurance, the applicant must also complete the following additional fields on the form:

- 0 **States in which the applicant will be transporting workers.** Workers’ compensation laws vary from State to State. The applicant must ensure that it transports workers only in circumstances for which there is coverage under State law.
- 0 **List of all circumstances in which the applicant will transport workers.** Some workers’ compensation policies may not cover all circumstances of transportation. The applicant is responsible for knowing what circumstances are covered by the workers’ compensation policy and transporting workers in only those circumstances.
- 0 **Affirmation that the applicant will only transport workers in circumstances covered under applicable State law.** If an investigation reveals that the applicant knowingly misrepresented the circumstances in which it would transport workers, or knowingly misrepresented that such circumstances are covered under applicable State law, the Wage and Hour Division may pursue certificate revocation pursuant to MSPA Section 103(a)(1) and 29 CFR 500.51(a).

10. DOES THE APPLICANT REQUIRE DRIVING AUTHORIZATION?

Only an individual or proprietorship may apply for driving authorization. Check **NO**, skip Section 10, and **proceed to Section 11** if you do not need driving authorization. If you are an applicant representative applying for a corporation, partnership, LLC, or other business, and require driving authorization, you must register as a Farm Labor Contractor Employee (FLCE) and obtain driving authorization using your FLCE certificate

If seeking driving authorization, complete **Section 11, Application for Driving Authorization**.

11. APPLICATION FOR DRIVING AUTHORIZATION

If applying for driving authorization, attach:

- A clear photocopy of the applicant's current and valid driver's license, both front and back; and
- A completed doctor's certificate (completed by a doctor of medicine or osteopathy) for the applicant, [WH-515](https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/wh515.pdf) (<https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/wh515.pdf>) or applicable Department of Transportation Form, if WHD does not have a currently valid doctor's certificate on file.

The applicant must also list the State(s) where he or she will be driving. Note that some States have restrictions on driver's licenses issued by foreign countries. Driving authorization will not be issued to an applicant holding only a foreign driver's license if, at the time of filing the application, any of the listed State(s) do not accept a foreign driver's license.

12. DOES THE APPLICANT REQUIRE HOUSING AUTHORIZATION?

The applicant should check **YES** if it will be housing migrant workers in a facility or real property that it owns or controls. The applicant is an owner if it has legal or equitable interest in facilities or real property that will be used as housing by migrant agricultural workers. The applicant controls a facility or real property if it has the power or authority to oversee, manage, superintend, or administer the property.

If owning or controlling a facility or real property to house workers, complete **Section 13, Application for Housing Authorization**, below.

13. APPLICATION FOR HOUSING AUTHORIZATION

Skip this Section if the applicant does not own or control any facilities or real property to be used by migrant workers, or if all workers will return to their permanent residences each workday.

For EACH facility or real property that the applicant owns or controls and that will be used to house migrant agricultural workers, check the applicable box and attach the corresponding document indicating compliance with applicable Federal and State safety and health standards. The proof may be any of the completed documents listed below, and must identify the housing (i.e., list the address).

- [MSPA form WH-520, Housing Occupancy Certificate](https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/wh520.pdf) (<https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/wh520.pdf>) issued by a State or local health authority or other appropriate agency.
- Occupancy certificate or permit issued by a State or local government agency.
- 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. The request should list the following items:
 - o Property address;
 - o Intended dates of occupancy;
 - o Intended number of occupants;
 - o Number of units (if applicable);
 - o Owner of property; and
 - o Printed name and signature of requesting FLC.

Sign the statement to affirm that the applicant intends to comply with the MSPA housing requirements.

14. CERTIFICATIONS

All applicants must sign the statement to affirm that the information in the application is true. A false answer or misrepresentation to any question may be punishable by fine or imprisonment. See 18 U.S.C. § 1001, 29 U.S.C. §§ 1851-1853; 29 C.F.R. § 500.6.

All applicants must also sign the statement to affirm their intention to comply with all MSPA transportation requirements.

Finally, the applicant must sign agreeing that, if you become unavailable to accept service on a summons regarding any action taken against you, the Secretary of Labor may act as your agent and accept service on your behalf. See 29 U.S.C. § 1812(5); 29 C.F.R. § 500.45(e).

15. SUBMISSION OF APPLICATION

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

U.S. Department of Labor
Wage and Hour Division
Farm Labor Certificate Processing
90 Seventh Street Suite 11-100
San Francisco, CA 94103

You may contact the Certificate Processing office by email at mSPAFLC@dol.gov or by phone at (415) 241-3505 for inquiries during the hours of 8:00am – 12:00pm and 1pm – 4:30pm Pacific Standard Time, Monday through Friday.

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(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 an 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 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.