

Application for a Farm Labor Contractor Employee (FLCE) Certificate of Registration

WH-535 Form (Application for "BLUE CARD")

Español

An (*) indicates a required field.

SELECT COMPLETE SUBMIT

TYPE OF APPLICATION FOR CERTIFICATE OF REGISTRATION

Application Type*

Initial Renewal

Previous/current certificate number (if applicable)

Farm Labor Contractor employer name

Farm Labor Contractor employer registration number

- Application Information
 - Type of Application
 - Firefighters
 - Information to Appear on Certificate
 - Address
 - Farm Labor Contracting Activities to be Performed
 - Criminal History
- Transportation
 - Does the Applicant Require Driving Authorization?
 - Application for Driving Authorization
- Certifications and Authorizations
 - Certifications and Authorizations

FIREFIGHTERS

Will the applicant engage in firefighting activities?*

Yes No

If yes, specify the firefighting activities

Fire fighter

INFORMATION TO APPEAR ON CERTIFICATE

First Name* Middle Name Last Name*
Raymond W Fitzgerald

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

None

Social Security Number Date of Birth (mm/dd/yyyy)
111-11-1111 11/11/1111

Phone number Email address
(801) 519-0507 fitzgerald.raymond@dol.gov

ADDRESS

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

Address*

City* State* Zip Code* Country*
Lehi State 84043 United States

Mailing or business address, if different from address above

Address

City State Zip Code Country

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

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

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?

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

Please upload a copy of the final judgement

Final judgement
CaseReceipt_638370414784 View Remove

A properly completed form FD-258 fingerprint card must be submitted to WHD at least once every three years. Have you submitted a completed form FD-258 within the last three years?*

Yes No

FD-258 Fingerprint Card
CaseReceipt_638370414784 View Remove

FORM FD-258 FINGERPRINT CARD

Read and agree to 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.

I agree I don't agree

DOES THE APPLICANT REQUIRE DRIVING AUTHORIZATION?

Will the applicant drive a vehicle to transport workers?

Yes No

APPLICATION FOR DRIVING AUTHORIZATION

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

Utah

Applicant's driver's license (front)
Drfont.jpg View Remove

Applicant's driver's license (back)
Drback.jpg View Remove

Applicant's doctor's certificate (WH-515 or applicable Department of Transportation form)
CaseReceipt_638370414784759824.pdf View Remove

Select 'Not Applicable' if the applicant already has a currently valid doctor's certificate on file with WHD

Not Applicable

CERTIFICATIONS AND AUTHORIZATIONS

All applicants must read and agree to 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.

I agree I don't agree

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(a). 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.

I agree I don't agree