

Application to Amend a Farm Labor Contractor or Employee Certificate of Registration

WH-540 Form - Amend an FLC/FLCE Form, or Request a Duplicate Certificate



An (*) indicates a required field.

CURRENT CERTIFICATE INFORMATION

Current Certificate Information*

Farm Labor Contractor (FLC) Farm Labor Contractor Employee (FLCE)

Current certificate number

MY EMPLOYER HAS CHANGED

Farm Labor Contractor employer name

Farm Labor Contractor employer registration number

THE BUSINESS STRUCTURE HAS CHANGED AND THE FLC IS NOW A/VAN

Individual (with or without "Doing Business As" (DBA) name)
 Proprietorship
 Corporation
 Partnership
 Limited Liability Company (LLC)
 Other

Specify Other

If the change in business structure resulted in the FLC being issued an EIN (Do-DO) provide the new EIN

THE COMPANY NAME OR THE APPLICANT REPRESENTATIVE HAS CHANGED

If completing this section, the FLC must provide additional documentation.

Company legal name

Company DBA name

New 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.

Last Name* Middle Name Last Name*

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

A properly completed form FD-258 Fingerprint card must be submitted to WHD at least once every three years.

Are you currently submitted a completed form FD-258 within the last three years?

Yes No

THE PERMANENT ADDRESS OR MAILING ADDRESS HAS CHANGED

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

Address*

City* State* Zip Code* County*

Mailing or business address, if different from address above

Address

City State Zip Code County

Which address should appear on the certificate?

Permanent place of residence Mailing/business address

THE FARM LABOR CONTRACTING ACTIVITIES TO BE PERFORMED HAVE CHANGED

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

Recruit Hire Furnish Transport Select Employ

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

THE FLC NEEDS TO ADD/UPDATE TRANSPORTATION AUTHORIZATION

Proof of compliance to ensure safety and insurance.

Choose File No file chosen

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.

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

State

Circumstances in which the applicant will transport workers:

Daily transportation between living quarters and workplace
 Recurring transportation to and from work
 Long distance travel between workplaces or to/from the worker's permanent residence
 Other (specify)

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. Further, affirm that I will not transport workers in any circumstances not covered under applicable law for my workers' compensation policy.

Yes No

THE FLC OR FLCE REQUIRES 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?

Applicant's driver's license (State)

Choose File No file chosen

Applicant's driver's license (State)

Choose File No file chosen

Applicant's driver's certificate (DMS-515 or applicable Department of Transportation form)

Choose File No file chosen

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

Not Applicable

THE FLC NEEDS TO ADD OR UPDATE 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).

MSHA Form WH-530 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 signed and dated 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 agree to the statement below.

STATEMENT OF INTENTION TO COMPLY WITH HOUSING REQUIREMENTS OF THE MIGRANT AND SEASONAL AGRICULTURAL WORKER PROTECTION ACT (MSA)

Section 10325 of the MSA requires that an applicant for a certificate of registration with authorization to house migrant agricultural workers affirm their agreement to comply with applicable federal and state safety regulations that for an insurance policy to be in force in that state which covers the applicant's liability for damage to property arising from transporting any migrant or seasonal agricultural workers in that state and that each driver has a valid and appropriate license as provided by state law to operate the vehicle. 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 housing authorization. I understand that I may then house migrant agricultural workers only on facilities or real property that has been authorized by the Secretary of Labor.

I agree I don't agree

THE APPLICANT REQUIRES A DUPLICATE CERTIFICATE BECAUSE THE CURRENT CERTIFICATE IS LOST OR HAS BEEN DESTROYED

How was the Certificate lost or destroyed?

I request that the U.S. Department of Labor issue me a duplicate Certificate because my current Certificate is lost or has been destroyed.

Yes No

Where should the duplicate certificate be mailed?

Mailing Address Permanent Mailing Temporary Address

Enter Temporary Address

CERTIFICATIONS

All applicants must read and agree to all certifications and authorizations in this section.

Certification of Truthfulness in Application

I certify that completion of this form is 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

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

When using or planning to use 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 for an insurance policy to be in force in that state which covers the applicant's liability for damage to property arising from transporting any migrant or seasonal agricultural workers in that state and that each driver has a valid and appropriate license as provided by state law to operate the vehicle. 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 authorization and that I will maintain the vehicle(s) in accordance with applicable federal and state safety regulations maintain insurance in the required levels and transport only in circumstances that are covered by my insurance.

I agree I don't agree

Authorization of the Secretary to Accept Legal Process

The following authorization is accepted pursuant to section 10325 of the MSA, 29 U.S.C. § 1912(b) (29 C.F.R. § 508.45(a)). I do hereby designate and appoint the Secretary of Labor (United States Department of Labor) as my legal agent to accept service of process 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

- 1. Application Information
- 2. Current Certificate Information
- 3. My Employer Has Changed
- 4. Business Structure Has Changed and the FLC is Now A/VAN
- 5. Company Name or the Applicant Representative Has Changed
- 6. Farm Labor Contracting Activities to be Performed Have Changed
- 7. Permanent Address or Mailing Address Has Changed
- 8. FLC Needs to Add/Update Transportation Authorization
- 9. FLC or FLCE Requires Driving Authorization
- 10. FLC Needs to Add or Update Housing Authorization
- 11. Applicant Requires a Duplicate Certificate because the Current Certificate is Lost or Has Been Destroyed
- 12. Certifications and Authorizations