

All FLCS must be a qualified firm.

TYPE OF APPLICATION FOR CERTIFICATE OF REGISTRATION

Application type:

Permit/certificate number (if applicable):

Certificate number:

FIREFIGHTERS

Does your application include firefighting activities?

If yes, specify the firefighting activities:

THE APPLICANT IS A/AN

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

INDIVIDUAL OR PROPRIETORSHIP

First Name* Middle Name Last Name*

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

DBA Name (if applicable) DBA EIN (if applicable)

Phone number Email address

ADDRESS

Applies to 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

What address should appear on this certificate?
 Permanent place of residence Mailing/business address

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.
 Harvest Hire Transport Train Employ

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 the business contracting activities?

B. Any felony involving robbery, bribery, extortion, embezzlement, grand larceny, burglary, arson, violation of narcotics laws, murder, rape, sexual assault, child abuse, child abuse/neglect, physical battery, injury, intimidation, perjury, or smuggling or harboring individuals who have entered the United States illegally?

Please attach a copy of the final judgement of your conviction.

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

DOES THE APPLICANT REQUIRE TRANSPORTATION AUTHORIZATION?

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

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.

Proof of compliance for motor vehicle safety and insurance

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

Liability bond
 State worker 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 worksite
 Regular transportation to and from work
 Long distance travel between work sites or between the worker's permanent residence
 Other (specify):

Will there be times that the applicant will transport workers in which the workers' compensation policy does not cover the applicant under applicable state law. Further, please note that you will transport workers in any circumstances not covered under applicable state law by your workers' compensation policy.

DOES THE APPLICANT REQUIRE DRIVING AUTHORIZATION?

Is the applicant an individual or proprietorship? (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?

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?

State

Applicant's current license (state):

Applicant's driver's license (state):

Applicant's driver's license (state) (if not applicable, Department of Transportation form):

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

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 control at any time?

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 housing use, state safety and health standards. Such proof must be submitted for each facility or real property and must identify the specific housing in address.

USDA 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 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 (MSPA)

Section 10202 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.

I, the undersigned, do hereby declare that I will not house migrant agricultural workers in any facility or real property (state or control) that I have not inspected at reasonable intervals and have been issued a Certificate of Inspection with housing authorized if I understand that they may house migrant agricultural workers only on facilities or real property that have been authorized by the Secretary of Labor.

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 information is true and correct as provided 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.

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

When using a vehicle to transport any vehicle for interstate 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 I am an insured party or liable party in such vehicle which houses the migrant workers being transported or property being transported by the 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. Further, I declare that each such transport program or seasonal agricultural workers in any vehicle used in interstate will have sufficient air pressure, vehicle condition and have been issued a Certificate of Inspection with transportation authorized and that I will maintain the vehicle(s) in accordance with applicable federal and state safety regulations.

I understand that the required vehicle(s) will transport only in circumstances that are covered by my insurance.

Authorization of the Secretary to Accept Legal Process

The following authorization is required pursuant to Section 10202 of the MSPA, 29 U.S.C. 118102, 29 C.F.R. 1180.406. To be hired, employed and appear the Secretary of Labor (DOL) before the Department of Labor at any hearing, agency or court proceedings or any other action against me at any and all times during which I have departed from the jurisdiction in which such action is commenced or otherwise has become available to compel my return and under such terms and conditions as are set by the court or other authority having jurisdiction.

Application Information	1
1. Type of Application	1
2. Firefighters	1
3. The Applicant Is	1
4. Individual or Proprietorship	1
5. Address	1
6. Farm Labor Contracting Activities to be Performed	1
7. Criminal History	1
8. Transportation Authorization	1
9. Driving Authorization	1
10. Housing Authorization	1
11. Certifications and Authorizations	1
12. Final Review and Submission	1