

# Application for a Farm Labor Contractor (FLC) Certificate of Registration

WH-530 Form (Application for "ORANGE CARD")

3 Steps

An (\*) indicates a required field.

## TYPE OF APPLICATION FOR CERTIFICATE OF REGISTRATION

Application Type\*

Initial  Renewal

Previous/current certificate number (if applicable)

Certificate number

## FIREFIIGHTERS

Will the applicant engage in firefighting activities?

Yes  No

If yes, specify the firefighting activities\*

## THE APPLICANT IS A/AN\*

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

## COMPANY, CORPORATION, PARTNERSHIP, LLC, OR OTHER

Company name to appear on certificate EIN (tax ID)

### 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 Last Name\*

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

Yes  No

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

Phone number Email address

## 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

## 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  Train  Transport  Select  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 any farm labor contracting activities?

Yes  No

B. Any felony involving robbery, larceny, extortion, embezzlement, grand larceny, burglary, arson, violation of narcotics laws, murder, rape, assault with intent to kill, assault which produces bodily injury, prostitution, parole or engaging or harboring individuals who have entered the United States illegally?

Yes  No

### Please upload a copy of the final judgement

Final judgement

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

Was your submitted completed form FD-258 within the last three years?\*

Yes  No

FD-258 Fingerprint Card

## 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-516 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 year 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 worksite
- Recurring transportation to run errands
- Long distance travel between worksites 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. I further affirm that I will not transport workers in any circumstances not covered under applicable state law by my workers' compensation policy.

Yes  No

## 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?\*

Yes  No  Not Applicable

## 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 ID, address.

- MSHA 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 (MSHA)

Section 102(b) of the MSHA requires that an applicant for a certificate of registration with authorization to house migrant agricultural workers and file a statement identifying each facility or real property to be used by the applicant to house any migrant agricultural workers during the period for which registration is sought. 29 U.S.C. § 1012(b); 29 C.F.R. § 500.45(a). If the facility or real property is not well served 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 such facility or real property.

I hereby declare that I will not house migrant agricultural workers in any facility or real property (own or control) that 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 in facilities or real property that have been authorized by the Secretary of Labor.

I agree  I don't agree

## 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 completion is to be 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.

I agree  I don't agree

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

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 such vehicle conforms to applicable federal and state safety regulations that: (a) 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; (b) that such vehicle has valid and appropriate license or permit 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 including inspection of the required work 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 executed pursuant to section 102(b) of the MSHA, 29 U.S.C. § 1012(b); 29 C.F.R. § 500.45(a). I do hereby designate and appoint the Secretary of Labor (United States Department of Labor) or my lawful agent to accept service of process in any action against me or any of my officers, directors, agents, employees, or other persons in which such action is determined to be necessary. This clause shall not be construed to limit the Secretary's authority 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

Session expires in 18 minutes 4 seconds

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