

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FARM LABOR REGISTRATION AND TESTING**

**ADDENDUM TO APPLICATION FOR A FARM LABOR CONTRACTOR
CERTIFICATE OF REGISTRATION**

Check only one of the following requests:

PLEASE ATTACH THIS FORM TO YOUR WH530 APPLICATION

- \$35.00 Examination Application
- \$125.00 Registration Application
- \$160.00 Examination and Registration Application

Payment must be in the form of a Cashier's Check, Certified Check or Money Order (Made payable to DBPR-Farm Labor)

You can apply as an Individual or a Company, but not both:

Individual Name:	SSN:
Company Name:	FEIN:
Email:	Phone:

Registered Agent information (You must provide the name and contact information of someone other than yourself)

Name:	Phone:
Address:	
(Address)	(City)
(State)	(Zip)

I certify that the above referenced individual has been informed and agrees to act as my agent to receive service of process and other official or legal documents as outlined in 450.31(1)(e), Florida Statutes. I understand that this agent must be available to accept service during regular business hours, Monday through Friday.

Signature:

Date:

REQUEST FOR EXAMINATION

LANGUAGE	WRITTEN	ORAL
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>
SPANISH	<input type="checkbox"/>	<input type="checkbox"/>
HAITIAN/CREOLE	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate if you require special accommodations due to disability or religion: Yes No

If Yes, please explain:

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Federal Certificate Number:	Issued Date:	Expiration Date:
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Authorizations

<input type="checkbox"/> Driving Authorization (provide copy of the front and back of driver's license and doctor's certificate)	
Driver's License Number:	State/Country:
Class:	Endorsements:
Issued Date:	Expiration Date:
Doctor's Certificate Expiration Date:	Numero Expediente Medico (Licencia Federal de Conductor):

<input type="checkbox"/> Transportation Authorization (provide copies of the following):			
<input type="checkbox"/> Insurance Cancellation Agreement	<input type="checkbox"/> DBPR WC Form 3100 or 3111	<input type="checkbox"/> Certificate of Auto Liability Insurance	<input type="checkbox"/> Vehicle Inspection(s)

For Individual Applicants Only

United States Citizen

Please select one: Naturalized Citizen Date of Naturalization: _____

Resident/Temporary Visa Visa Number: _____ Visa Expiration Date: _____

Individual Demographics:

Sex:	Height:	Weight:	Eye Color:	Hair Color:
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For Company Applicants Only

Date of incorporation:	State of incorporation:
Company Signer:	Signer's SIC Number:

Payment Information

<input type="checkbox"/> Cashier's Check	<input type="checkbox"/> Certified Check	<input type="checkbox"/> Money Order
Number:	Amount:	Received by: