

MIGRANT HOUSING NOTIFICATION FORM

Office use only: G _____ **New Grower:** [] Yes [X] No
Name: _____ **Crop(s):** _____
Company Name: _____ **Co#:** _____
Address: _____ **Hm#:** _____
City/State/Zip: _____ **Cell#:** _____
County of Residence: _____ **Fax#:** _____

Office use only: S _____ R _____

This site will be used: This site will not be used

Site County: _____ **New Site:** [] Yes [] No

Description of housing:

Directions to housing: _____

Number of units: to be inspected:

Number of Workers:

Arrival Date: _____ H2A H2A Agency Name: _____

Departure Date: _____ H2B

Have you previously registered with the NC Department of Labor, Agricultural Safety and Health Section? _____
Federal Tax ID # _____

This form must be mailed to the N. C. Department of Labor 45 days prior to migrants' expected arrival date. The notification is required regardless of the number of migrants that will be housed or whether your inspection will be conducted by the N.C. or U.S. Department of Labor. Please contact your local health department for inspections of water and sewage systems.

Signature _____ Date _____