Are you a Farm Labor Contractor? Yes No	Registered on a state level: Yes	No Registered on a federal level: Yes No				
If FLC, provide license numbers:						
Do you use E- Verify? Yes No	E-Verify Num	ber:				
Company Name:	FEIN#:					
Year Established:	UBI# (Worker	UBI# (Workers Comp. Needs to be active):				
Nature of Business:	Current Total	# of Employees:				
Mailing Address:						
Physical Address:						
Telephone Number:	Fax Number:					
Owner(s) Name:	Cell Phone Nu	mber:				
	E-mail:					
Main Contact (Approves H-2A Documents)	: E	-mail:				
Name / Phone Number:	Cell Phone Nu	ımber:				
Secondary Contact (Verifies H-2A Informat	ion):	E-mail:				
Name / Phone Number:	Cell Phone Nu	ımber:				
Spanish-speaking Contact Name(s) (Recrui	tment/Inbound Contact):					
Name/Phone Number:						
Is this the employer of record for this conf	tract? Yes No					
Are you a current wafla member? Yes	No Renewal Date	te				

Requested Job Information

Job Title for position needed			
		If no, how many contracts?	
H-2A Dates of Need:			
Start (mm/de	d/yyyy)	Finish (mm/dd/yyyy)	
How many foreign workers would you like	to petition fo	r with this specific contract?	
Do you have a preferred worker list? Yes	No	If yes, please send the list with this form.	
Do you want the agents to prescreen the p	referred wor	kers for eligibly? Yes No	
Work Schedule to indicate on ETA 790 (ex:	Mon-Fri)		
Daily Schedule to indicate on ETA 790(ex: 7	a.m2:30p.n	n.)	
Do you have various shifts? (i.e. nights, swi	ngs)		
Basic Hours/wk	Overtime I	Hours / wk (if any)	
Pay Period (ex: Weekly / Biweekly)			
What crops and varieties are you including	in the H-2A (Contract?	
Are you interested in a sequential contract	opportunity	? (Cost Savings could be involved, not a guarantee) Yes	No

Joint Employers: List the different en arate sheet if more space is needed)			•	
Name	Address	,,,	FEIN#	UBI#
Name	Address		FEIN#	UBI#
Job Locations: Attach a list of all v	vork site locations (address an	d directions from the ne	arest State Workfor	ce Agency (SWA)
Housing Information: List the housing bedroom mobile home, stick built he	= :	physical address and a	brief description of t	the housing (i.e. 2
Housing Name #1: Addre	ess	License #	Max. Occupany	Renewal Date
Housing Name #2: Addres	SS	License #	Max. Occupany	Renewal Date
Housing Name #3: Address	5	License #	Max. Occupany	Renewal Date
Meals: Will you be providing cooking Labor Need: If applicable, please ex as compared with previous years.			per of H-2A position	s being requested
Recruitment: Domestic applicants v ment. Provide Address (where you v cant interviews:			-	
Inbound Transportation: When the ETAs. Please list the name and phon (This should be a bilingual person av	e number of the person who w	vill be contacted by the t	_	
Please list the address, typically the	housing site, where workers sh	nould be dropped off aft	er arriving to the U.S	5.
Name of Company Representative s	upplying information	Signature	 	 1