

VIRGINIA STATE DEPARTMENT OF HEALTH
MIGRANT LABOR CAMP PERMIT APPLICATION FORM

Name of Camp _____

Location of Camp _____ County _____

Name of Camp Operator _____ Phone _____

Fax Number _____ Cell Phone _____

Address of Camp Operator _____

Opening Date of Camp _____ Closing Date of Camp _____

Number of Occupants Camp Can Accommodate _____

Number of Migrant Workers _____

Number of Males _____ Females _____ Children _____

Type of Agriculture _____

In conformity with State Law, application is hereby made for permission to operate

Camp _____ for the year _____.

If built prior to April 3, 1980, camp operator elects to be governed by:

- () ETA Regulations (20CFR654)
- () OSHA Regulations (29CFR1910)

Date

Signature

Title: () Camp Operator

() Camp Owner

