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