



BRHD Environmental Health Offices	
Location	Phone
Charlottesville/Albemarle	434-972-6219
Fluvanna County	434-591-1965
Greene County	434-985-2262
Louisa County	540-967-3707
Nelson County	434-263-4297

APPLICATION FOR A MIGRANT LABOR CAMP OPERATION PERMIT

Attach a site map of the camp showing all lodging and sanitary facilities.

Application for: New Establishment Permit Renewal Change of Owner Other _____

Please place a ✓ by the address you like VDH to send correspondence.

Section A: Facility Information

Facility Name:		
<input type="checkbox"/> Facility Physical Address:		
City:	State:	Zip Code:
<input type="checkbox"/> Facility Mailing Address:		
City:	State:	Zip Code:
Phone #:	Email:	Fax Number:

Section B: Operator/Owner Information

Name of Legal Owner (if owner is a business, provide the name of the registered agent) :		
Name of Registered Agent (if applicable):		
<input type="checkbox"/> Physical Address:		
City:	State:	Zip Code:
<input type="checkbox"/> Mailing Address:		
City:	State:	Zip Code:
Phone #:	Email:	Fax Number:
Legal Name of Operator:		
<input type="checkbox"/> Physical Address:		
City:	State:	Zip Code:
<input type="checkbox"/> Mailing Address:		
City:	State:	Zip Code:
Phone #:	Email:	Fax Number:

Section C: Operational Information

Anticipated Dates of Occupancy:	From:	To:
Anticipated Number of Occupants:	Total:	Male: Female:
Type of Agriculture:		
Type of Water Supply: (Mark "x" in the correct box)	<input type="checkbox"/> Municipal <input type="checkbox"/> Private Well <input type="checkbox"/> Other: _____	
Type of Sewage Disposal: (Mark "x" in the correct box)	<input type="checkbox"/> Municipal <input type="checkbox"/> Septic System <input type="checkbox"/> Other: _____	
*If the camp was constructed prior to April 3, 1980, the camp operator elects to be governed by:	<input type="checkbox"/> ETA Regulations (20CFR 654) <input type="checkbox"/> OSHA Regulations (20CFR 1910)	

By signing this application, I certify the following statements:

- The foregoing statements and answer are true, and I have not suppressed any information that might affect the approval of this application. I am aware that submitting false information or omitting information in connection with this application may delay processing of my application.
- I have read, understand, and will comply with Title 32.1, Chapter 6, Article 6 of the Code of Virginia, the Rules and Regulations Governing the Construction and Maintenance of Migrant Labor Camps (12VAC5-501 et seq.) and any applicable federal, state, or local laws.
- I/we understand that after the issuance of the Health Department Permit requested, the Commissioner of Health or his authorized representatives shall have the right to enter the premises of this establishment at any reasonable time to inspect, conduct tests, or collect samples as required.
- I understand this form contains information that could be subject to disclosure under §2.2-3700 of the Code of Virginia.

Signature of Authorized Individual:

Print Name of Authorized Individual:

Title of Authorized Individual:

Date Signed: