



California Vanpool Authority

1340 North Drive
Hanford, CA 93230
Main: 559-852-2711
Toll Free: 866-655-5444
Fax: 559-587-0714
www.calvans.org

I acknowledge that my employee, _____ has or will be entering into an agreement with CalVans to drive a vanpool for the purpose of transporting other employees to and from work. It is our understanding that the above employee falls under one of the following categories (Check one):

- 1. He is a volunteer driver and not employed as a crew leader or supervisor. He will operate as a vanpool and driver and will not be involved in any MSPA (Migrant and Seasonal Agricultural Worker Protection Act) activities. He is not required to register with the U.S. Department of Labor as a Farm Labor Contractor or Farm Labor Contractor Employee. If his status changes, he will amend his status with CalVans.
- 2. He is a driver who is, or will become registered as a farm labor contractor (orange card). He will amend his farm labor contractor certificate to become transportation and driving authorized and/or will amend his farm labor certificate to add a CalVans vehicle to his farm labor certificate which currently reflects transportation authorization. He will provide proof of the amendment to CalVans as part of his agreement with CalVans.
- 3. He is a driver and was asked to drive a CalVans vehicle. He may also be a crew leader/supervisor involved in MSPA activities only on our behalf as an FLC employer. We intend to apply for a farm labor contractor employee (FLCE) certificate (blue card) with driving authorization and provide a copy to CalVans as part of this agreement. As the employer, we will also amend our Farm Labor Certificate to reflect transportation authorization and/or amend their Farm Labor Certificate to add the CalVans vehicle to our certificate which should reflect transportation authorization.
- 4. He is a driver and employed by us and was asked to transport employees on behalf of us. He is paid an hourly wage or salary and does not receive extra compensation for the productivity of workers he recruits or hires. He is not required to register with the Department of Labor as a FLC or FLCE.

Employer

Company Name: _____ DBA: _____

Address: _____

Contact individual: _____ Email: _____ Phone: _____

Fed FLC Holder Name: _____ State FLC Holder Name: _____

Fed FLC Certification # (if available): _____ State FLC Certification # (if available): _____

(Representative Printed Name)

(Signature)

(Date)

CalVans Driver for Van #: (_____)

(Driver Printed Name)

(Signature)

(Date)

For information on completing this form, please contact one of the following:

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