



Farm Labor Contractor (FLC)
Acknowledgment for Farm Labor Contractor
Employee (FLCE) Relationship

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. My employee is a volunteer driver and not employed as a crew leader or supervisor. They will operate as a vanpool and driver will not be involved in any MSPA (Migrant and Seasonal Agricultural Worker Protection Act) activities.
2. Is a registered farm labor contractor (orange card) and will also apply as a farm labor contractor employee (FLCE) under current FLC certificate and provide proof of the amendment to CalVans as part of this agreement.
3. I am a driver/raitero and crew leader/supervisor and work for multiple farm labor contractors throughout the season.
4. My employee is a driver and was asked to drive a CalVans vehicle for a specific farm labor contractor (FLC). They are a crew leader/supervisor involved in MSPA activities only on behalf of my FLC employer.

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 the following:

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