



Temporary Worker Housing (TWH) License Application Packet—Regular Harvest

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In order to process your request:

**Mail your application with initial
documentation and your check
or money order payable to:**

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

**Send other documents not sent
with initial application to:**

Temporary Worker Housing
Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360.236.4700

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Application Instructions Checklist

When your application for Temporary Worker Housing (TWH) license is received by the Department of Health, you will be notified in writing of any outstanding documentation needed to complete the application process.

All information should be typed or printed clearly in ink. It is your responsibility to submit the required forms.

License Application Form

Check type of application: New Change of Ownership

New—First time requesting a TWH license or was not licensed the previous year.

Change of Ownership—When name of legal owner/operator changes resulting from the sale of licensed facility.

Application Fee:

You can check the online [fee page](#) for current fees.

Check One:

Please check your legal owner/operator business structure type according to your Washington State Master Business License.

1. Demographic Information:

Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #s. City, county, and state government departments also have UBI #s.

Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/ Master Business License.

Mailing Address: Enter the owner's complete mailing address.

Phone, Fax and Cell Numbers: Enter the owner's phone, cell, and fax numbers.

Email and Web Address: Enter the owner's email and facility Web addresses, if applicable.

Facility Name: Enter the facility's name as advertised on signs, brochures, or Web site.

Physical Address: Enter the facility's physical street location including city, state, zip code, and county.

Phone, Fax and Cell Numbers: Enter the facility's phone, cell, and fax numbers.

Mailing Address: Enter the facility's mailing address, if different than the physical address.

2. Site Specific Information:

Enter total number of occupants at peak season, total number of dwelling units, occupant arrival and departure dates, and list all crops that will be worked by housing occupants.

Enter Public Water System (PWS) name, ID #, and attach copy of required current water sample.

Check box and enclose a copy of your **Camp Management Plan** in English and the native language of the occupants.

Check box if you plan to use the **H-2A** Program through the Employment Security Department.

3. Contact Information:

Enter the name, title, phone, cell, and fax numbers, and email address as applicable.

4. Additional Information:

Change of Ownership Information: List the previous legal owner name, previous name of facility, previous license number, effective date of ownership change, and physical address as applicable.

5. Signature:

Provide signature of legal owner or authorized representative and date signed. Print name and title of legal owner or authorized representative.

6. Consultation Services:

We offer consultation services to assist operations with housing development and preparation for inspection.

Important Information:

Send the following items to the Department of Health, Temporary Worker Housing Credentialing:

- Application for the license, complete and signed.
- Licensing fees.
- Proof the water system serving the housing is approved, and you are current with Drinking Water regulations; i.e. a copy of current water sample test results.
- TWH Construction and Infrastructure Checklist completed.
- Camp Management Plan in English and native language of housing occupants.

To schedule your housing inspection, contact the Office of Customer Service at 360.236.4700.

Date
Stamp
Here

Revenue 0597634200

Temporary Worker Housing (TWH) License Application— Regular Harvest

This is for: **New** **Change of Ownership**

If the housing will be used for Regular Harvest or other crop work, use this application.

If the housing will be used for Cherry Harvest ONLY, use the Cherry Harvest ONLY application.

Check One

- | | | |
|--|---|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Municipality (City) | <input type="checkbox"/> State Government Agency |
| <input type="checkbox"/> Federal Government Agency | <input type="checkbox"/> Municipality (County) | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership | |

1. Demographic Information

UBI		Federal Tax ID (FEIN) #	
Legal Owner/Operator Name			
Mailing Address			
City	State	Zip	County
Phone (enter 10 digit #)	Cell (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
Email address		Web Address	
Facility Name (Facility name as advertised on signs or Web site)			
Physical Address of Housing Facility			
City	State	Zip	County
Facility Phone (enter 10 digit #)	Cell (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
Mailing Address			
City	State	Zip	County

2. Site Specific Information

Total number of occupants at peak season _____ Total number of dwelling units _____
Occupant arrival date _____ Occupant departure date _____
Crops worked by housing occupants (list all crops) _____

Public Water System (PWS) Name: _____

PWS ID # _____ Copy of current water sample submitted (required)

Camp Management Plan: Enclosed copies of **Camp Management Plan** in English and native language of housing occupants.

H-2A Program: I am planning to use the H-2A Program for some or all of my Migrant Farmworkers this season.

3. Contact Information

Name		Title	
Phone (enter 10 digit #)	Cell (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)

Email

4. Additional Information

Change of Ownership Information

Name of Previous Legal Owner

Name of Previous Facility	Previous License #	Effective Date of Ownership Change
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Physical Address

5. Signature

I certify that I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify that the information herein submitted is true to the best of my knowledge and belief.

Signature of Owner/Authorized Representative

Date (mm/dd/yyyy)

Print Name

Print Title

6. Consultation Services

We offer consultation services to assist operators with housing development and preparation for inspection.

Would you like our consultant to contact you? Yes No

Phone (enter 10 digit #) _____ Cell (enter 10 digit #) _____

Best time of day/week to reach you _____



Temporary Worker Housing (TWH) Construction and Infrastructure Checklist

Facility Name: _____

For questions about the Migrant Farmworker Housing Program or consultation services, contact the Office of Customer Service at 360.236.4700.

Please fill out the table below, sign and return this form to the department with your license application.

Construction and Infrastructure Items	Yes	No	N/A
Electrical installed properly and approved? (check one) <input type="checkbox"/> L&I <input type="checkbox"/> Local PUD <input type="checkbox"/> Other			
Sewage disposal system approved? (check one) <input type="checkbox"/> Public sewer <input type="checkbox"/> On-site sewage system			
Water system current with testing requirements?			
Water system approved by jurisdiction? (check one) <input type="checkbox"/> Local <input type="checkbox"/> State			
Have you had your water system tested for: Nitrates within 3 years?			
Coliform within 1 year?			
Construction permitted? Permitted by (check one) <input type="checkbox"/> Local Building <input type="checkbox"/> State <input type="checkbox"/> Other			
Construction approved? Approved by (check one) <input type="checkbox"/> Local Building <input type="checkbox"/> State <input type="checkbox"/> Other			
Name of approving authority: _____			

Name: _____ **Date:** _____

Links to further information:

- [Inspection Checklist](#)
- [Camp Management Plan](#)
- [TWH Rules, Regular, Cherry](#)

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Temporary Worker Housing
Credentialing
Po Box 47877
Olympia Wa 98504-7877
360.236.4700

Camp Management Plan—Helpful Hints

As an operator or manager of Temporary Worker Housing (TWH), you need to have a Camp Management Plan (plan) for your TWH facility(s). The plan is to assure that your housing is operated in a safe and secure manner and is kept within its approved capacity.

You need to inform your occupants of your Camp Management Plan in a language the occupant understands. Provide individual copies of it to each occupant or post the plan in the housing area for the occupants to see.

For licensing purposes, you also need to provide a copy of your Camp Management Plan to the Department of Health. Please submit your plan in English and Spanish and mail it to the address listed.

Inspection staff will verify that you have distributed your Camp Management Plan during occupancy inspections.

We have provided a template for the plan on the back of this document. The template provides three of the four essential parts that you need to cover in your plan. Planning is described separately, below. This information will help you establish an effective Camp Management Plan. You can use the template for ideas for your plan or you can copy the template, fill it out, and use it. Whatever you choose, please provide the appropriate information and tailor the rules to your specific needs. The template is also provided in Spanish.

The Four Essential Parts Needed in Your Plan:

Planning:

Explain how you will maintain a safe site. Describe how you ensure security on-site, and describe how you ensure camp occupants can get immediate medical attention and other emergency services. Please submit the descriptions to the department.

Emergency Contact Information:

Provide emergency contact and location information, including how to get a hold of the owner/manager. Important contacts are listed in the template. Please fill in the needed information or create your own list. Remember to provide emergency procedures in case of fire, earthquake, or serious injury. Include others as appropriate.

Fees/Charges:

Include information about any fees or charges required of the occupants to stay in your temporary worker housing.

Camp Rules:

Include camp rules in your Camp Management Plan. Let the list of rules provided in the template serve as examples. Please add and subtract rules as you need for your camp.

Camp Management Plan

These are the rules for living in this camp. The rules are for your protection and are intended to help you live in a safe place. Each person must follow the rules or they may be asked to leave.

Emergency Contact Information

Camp Owner/Manager—Name: _____ Phone: _____

Camp Address: _____ City: _____

Police Phone: _____ Ambulance Phone: _____

Clinic Address: _____ Phone: _____

Hospital Address: _____ Phone: _____

First aid trained—Name: _____ How to contact: _____

First aid supplies are located at: _____

County Health Department Address: _____ Phone: _____

Housing Complaints: State Department of Health Phone: 1-800-832-8822

Emergency Procedures:

In case of fire, do this: _____

In case of an earthquake, do this: _____

Note: An emergency escape map/plan is posted in each building or sleeping area. If missing, notify the owner/manager.

Camp Fees

Charges for staying in the camp (if applicable) are:

Rent: \$ _____ per month per week **Utilities:** \$ _____ per month per week

Damage deposit: \$ _____ **Other charges:** \$ _____

Camp Rules

- Do not overcrowd the housing. The maximum number of people allowed to stay in this camp is _____.
- Report problems—sickness, drinking water quality, or gas fumes and odor—to the owner/manager
- Know your exit routes, keep them clear and unobstructed, report any exit routes that do not open
- Do not alter or remove batteries from smoke detectors, or repair electrical wiring or devices
- Report to owner/manager any equipment or items that do not operate or are broken; e.g. stoves, heaters, hot water, air conditioning, laundry, toilets, broken septic, windows, leaks, drains
- Do not damage the camp, its equipment, or contents
- Put all garbage in proper containers and put the lids back on the containers
- Flush all used toilet paper down the toilet
- No fighting, alcohol, firearms, or other illegal activities
- No keeping livestock in the dwelling units or in the housing area
- No storing toxic or hazardous materials in the camp and report any to the owner/manager
- Keep cook areas clean, and food in proper storage containers to prevent mice and insect damage
- Laundry facilities are for camp occupant use only
- Do not change your car oil here. You can change your car oil at _____
- Do not more veds
- No unauthorized persons are allowed. Report unauthorized or suspicious people to owner/manager
- Follow camp hours for arriving _____ and leaving _____; and Guests must leave by _____
- No loud noises before _____ a.m. or after _____ p.m.

Each person must follow the rules or they may be asked to leave.

Plan de Manejo del Campamento

Estas son las reglas vivir en este campamento. Las reglas son para su protección y ayudarle a vivir en un lugar seguro. Cada persona debe seguir las reglas o se les pueden pedir que se vayan.

Información de Contacto en Caso de Emergencia

Dueño/Administrador del campamento—Nombre: _____ Teléfono: _____

Dirección del campamento: _____ Ciudad: _____

Teléfono de la policía: _____ Teléfono de la Ambulancia: _____

Dirección de la clínica: _____ Teléfono: _____

Dirección de la hospital: _____ Teléfono: _____

Entrenado en primeros auxilios—Nombre: _____ Cómo contactar: _____

Lugar donde están los Suministros de Primeros Auxilios: _____

Departamento de Salud del Condado—Dirección: _____ Teléfono: _____

Quejas de Vivienda: Departamento de Salud del Estado Teléfono: 1-800-832-8822

Información para casos de emergencia:

En caso de incendio, **haga esto:** _____

En caso de un terremoto, **haga esto:** _____

Nota: Un mapa/plan de salida en caso de emergencia se encuentra en cada edificio o habitación. Si no está el plan/mapa, notifica al dueño/administrador.

Costos de Campamento

Costos para quedarse en el campamento (si se aplica) son:

Alquiler: \$ _____ al mes por semana Luz/agua: \$ _____ al mes por semana

Depósito por daños: \$ _____ Otros cobros: \$ _____

Reglas del Campamento

- No está permitido el hacinamiento. El máximo número de personas permitidas para alojarse en este campamento es _____.
- Reporte al dueño/administrador si hay problemas—como enfermedades, calidad del agua, escapes de gas u olor a gas.
- Conozca donde están las salidas de emergencia y manténgalas libres de barreras. Reporte al dueño/administrador si hay salidas que no abren.
- No cambie ni quite las pilas de los detectores de humo, ni repare los cables u otro equipo eléctrico.
- Reporte al dueño/administrador cualquier equipo o cosas que no funcionan o que están rotos como la cocina, la calefacción, el calentador de agua, el aire acondicionado, la lavadora, el inodoro, pozo séptico roto, las ventanas, goteras, o problemas con el desagüe.
- No hagan daño al campamento, el equipo o su contenido.
- Ponga toda la basura en los contenedores adecuados y vuelva a tapar los contenedores.
- Sualte todo papel higiénico usado en el baño.
- No se permiten peleas, alcohol, armas, ni otras actividades ilegales.
- No deje entrar ganado en los lugares donde usted habita o en el área de viviendas.
- No guarde materiales tóxicos en el campamento y repórtelas al dueño/administrador.
- Mantenga las áreas limpias donde cocina. Guarde alimentos en contenedores propios para prevenir los ratones e insectos.
- Las facilidades para lavar ropa son para las personas del campamento solamente.
- No cambie el aceite de su auto aquí. Usted puede cambiar el aceite del auto en _____.
- No mueva las camas.
- No se permiten personas no autorizadas. Reporte personas no autorizadas o sospechosas al administrador.
- Siga las horas del campamento para llegar _____ y para salir _____; y los invitados tienen que irse a las _____.
- No haga ruido antes de las _____ de la mañana o después de las _____ de la noche.

Cada persona debe respetar las reglas o se le puede pedir que se vaya.

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RCW/WAC and Online Web Site Links

RCW/WAC Links

Temporary Worker Housing RCW	<u>RCW 70.114A</u>
Temporary Worker Housing Definition RCW	<u>RCW 43.70.334</u>
Temporary Worker Housing WAC	<u>WAC 246-358</u>
Temporary Worker Housing Construction Standards	<u>WAC 246-359</u>

On-Line

Temporary Worker Housing.....	<u>Web Page</u>
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