

U.S. Department of Labor
Wage and Hour Division

Amended: 10/23/2019



Farm Labor Contractor Certificate of Registration

No. C-09-741977-J-21-R
Expires 10/31/2021

Name INBOUND, LLC

I certify that the person named above is registered pursuant to the Migrant and Seasonal Agricultural Worker Protection Act and is authorized to perform the following activities covered by the Act: Recruit, solicit, furnish, hire and employ.

Transportation	<input checked="" type="checkbox"/>	Authorized	<input type="checkbox"/>	Not Authorized
Housing	<input type="checkbox"/>	Authorized	<input checked="" type="checkbox"/>	Not Authorized
Driving	<input type="checkbox"/>	Authorized	<input checked="" type="checkbox"/>	Not Authorized

Approved Adriana V. Iglesias

Date: 11/01/2019

(Program Manager)
240152

WH-571 (6/96)

Social Security Account No. XXX-XX-7739

Social Security Employer ID No. 20-1741977

Perm. Home Address 7618 SW LOCUST ST.

Portland OR 97223
(City or Town) (State) (ZIP Code)

Date of Birth _____ Height _____ Weight _____
(Month) (Day) (Year)

This Certificate is based on the Migrant and Seasonal Agricultural Worker Protection Act and regulation issued thereunder, and on my application for registration. It may be revoked or suspended, its renewal denied, for noncompliance with the Act or regulation, including applicable requirements for transporting and housing migrant workers. Such noncompliance may constitute a criminal offense.

(Signature of Holder)

(Title)

The following vehicle(s) is/are authorized to transport migrant and seasonal agricultural workers within the meaning of the Act as specified below unless such authorization is otherwise terminated.

Yr.	Make and Model	Serial or Motor No.	No. of Seats in Vehicle	Authorization Ending
2018	RAM	174573	6	04/01/2020
2018	RAM	174574	6	04/01/2020
2012	TOYOTA	230515	6	04/01/2020
2012	TOYOTA	247893	6	04/01/2020
2012	TOYOTA	256687	6	04/01/2020
2012	TOYOTA	257741	6	04/01/2020
2012	TOYOTA	262245	6	04/01/2020
2012	TOYOTA	264917	6	04/01/2020

Location of Facility or Real Properties:

XXXXXXXXXXXXXXXXXXXXXXXXXX

Type of Construction XXXXXXXXXXXXXXXXXXXX No. of Units XXXX

Owner's Name XXXXXXXXXXXXXXXXXXXXXXXX

Mailing Address XXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXX

Type of Construction XXXXXXXXXXXXXXXXXXXX No. of Units XXXX

Owner's Name XXXXXXXXXXXXXXXXXXXXXXXX

Mailing Address XXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXX

Based on the contractor's submission, housing is authorized at the above locations unless such authorization is otherwise terminated:

C-09-741977-J-21-R

Date

Name DILLON SANDERS

Worker's Compensation Insurance Holder (If applicable):

SAIF

C-09-741977-J-21-R

Date 10/23/2019

Name DILLON SANDERS