Department of Workforce Development Division of Employment & Training Migrant and Seasonal Farmworker Programs 1819 Aberg Avenue, Suite C Madison, WI 53704



Local and State Fire Code Compliance Documentation for a Migrant Labor Camp

Use of form: All migrant labor camp operators must provide documentation from the local fire department that serves the camp confirming that their property meets local and state fire codes for the number of expected occupants when submitting their Application for a Permit to Operate a Migrant Labor Camp.

Instructions: Migrant labor camp operators must the top section of this form. The fire department must complete the bottom section.

Completed by Camp Operator

Business Name					
FEIN	Migrant Labor Camp Operator (Individual)				
Migrant Labor Camp Operator Phone No.	Migrant Labor Camp Operator Email				
Migrant Labor Camp Address (street, R.F.D., or P.O. Box)					
City		St	ate	Zip Code	
Migrant Labor Camp Number (if known)	Number of expected occupants				
Migrant Labor Camp Municipality (Select one) Town City Village of		Fire Department	epartment Serving Municipality		
Completed by Fire Department					
Fire Department Name					
Fire Department Representative Name	Date of Inspection				
Type of building inspected (e.g., house, mobile, apartment, etc.)					
Fire inspector must check one:					
☐ I,, C (Print Name)	certify that the property at the address listed above meets loca				
and state fire codes for occupants.					
This property is not a public building, because it is no Wis. Admin. Code SPS 314 does not apply. See Wis 314.01(a).					
Signature	Date Signed				