



IDAHO DEPARTMENT OF LABOR  
Wage and Hour Section

FARM LABOR CONTRACTOR'S VEHICLE  
INFORMATION SHEET

This form is required to be submitted with the Farm Labor Contractor's License Application if vehicles will be used in the operation of the contractor's business or to transport workers. In addition, a Certificate of Insurance must be submitted with this form for each and every vehicle listed. The Certificate of Insurance must identify the vehicle insured by description and vehicle identification number ("VIN"), and **name the Idaho Department of Labor as the certificate holder**. Any additional vehicles acquired during the course of the license year must be reported and applicable insurance certificates provided.

**PLEASE TYPE OR PRINT LEGIBLY.** If more space is needed, this form may be photocopied or additional pages may be attached, providing all of the information required on this form.

**VEHICLE #1**

**Certificate of Insurance Attached**

Year: \_\_\_\_\_  
Make: \_\_\_\_\_  
Body Style: \_\_\_\_\_  
License #: \_\_\_\_\_  
State of Licensure: \_\_\_\_\_  
Vehicle Serial #: \_\_\_\_\_  
Registered Owner: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**VEHICLE #2**

**Certificate of Insurance Attached**

Year: \_\_\_\_\_  
Make: \_\_\_\_\_  
Body Style: \_\_\_\_\_  
License #: \_\_\_\_\_  
State of Licensure: \_\_\_\_\_  
Vehicle Serial #: \_\_\_\_\_  
Registered Owner: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**VEHICLE #3**

**Certificate of Insurance Attached**

Year: \_\_\_\_\_  
Make: \_\_\_\_\_  
Body Style: \_\_\_\_\_  
License #: \_\_\_\_\_  
State of Licensure: \_\_\_\_\_  
Vehicle Serial #: \_\_\_\_\_  
Registered Owner: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**VEHICLE #4**

**Certificate of Insurance Attached**

Year: \_\_\_\_\_  
Make: \_\_\_\_\_  
Body Style: \_\_\_\_\_  
License #: \_\_\_\_\_  
State of Licensure: \_\_\_\_\_  
Vehicle Serial #: \_\_\_\_\_  
Registered Owner: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**VEHICLE #5**

**Certificate of Insurance Attached**

Year: \_\_\_\_\_  
Make: \_\_\_\_\_  
Body Style: \_\_\_\_\_  
License #: \_\_\_\_\_  
State of Licensure: \_\_\_\_\_  
Vehicle Serial #: \_\_\_\_\_  
Registered Owner: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**VEHICLE #6**

**Certificate of Insurance Attached**

Year: \_\_\_\_\_  
Make: \_\_\_\_\_  
Body Style: \_\_\_\_\_  
License #: \_\_\_\_\_  
State of Licensure: \_\_\_\_\_  
Vehicle Serial #: \_\_\_\_\_  
Registered Owner: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**VEHICLE #7**

**Certificate of Insurance Attached**

Year: \_\_\_\_\_  
Make: \_\_\_\_\_  
Body Style: \_\_\_\_\_  
License #: \_\_\_\_\_  
State of Licensure: \_\_\_\_\_  
Vehicle Serial #: \_\_\_\_\_  
Registered Owner: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_