

Temporary Worker Housing License Application



Items Needed to Complete Your Temporary Worker Housing (TWH) Application

- This application for the license, completed and signed.
- Licensing fees.
- Temporary Worker Housing Management Plan.
- Communicable Disease Prevention and Response Plan for Temporary Worker Housing
- If a Group B Public Water System serving the housing is approved provide satisfactory Coliform and Nitrate water test results.
- Certificate of Occupancy issued by a local or state building department.

For a complete list of items, see the [Temporary Worker Housing Licensing Process](https://doh.wa.gov/licenses-permits-and-certificates/facilities-z/temporary-worker-and-migrant-farmworker-housing/licensing-process) (doh.wa.gov/licenses-permits-and-certificates/facilities-z/temporary-worker-and-migrant-farmworker-housing/licensing-process).

Submitting Your Application

Mail your application, documents and fees to:

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

Make check or money order payable to:

Department of Health

New TWH applications must be submitted at least 45 days prior to the TWH operation start date when workers arrive for housing.

More Resources

For frequently asked questions, laws and rules, and other program services, see www.doh.wa.gov/TemporaryWorkerHousing.

Contact Us

If you have questions, contact the Temporary Worker Housing Program at 360-236-3393 or housing@doh.wa.gov.

Fee Type	Administrative Portion	Facility Portion
TWH Licensing	\$50 (\$90 minimum total licensing fee)	\$4.00 per occupant at maximum annual capacity

Temporary Worker Housing License Application



Application Type: ☐ New ☐ Change of Ownership ☐ Amended (increase occupancy, units, etc.)

Housing Type: ☐ Temporary Worker Housing (TWH) ☐ Cherry Harvest Camp (CHC) only

Section 1 - Facility and Primary Contact Information

Facility Name:

Facility Address:

City:	State: WA	Zip Code:	County:
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Primary Facility Contact Name:	Title:
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Primary Phone:	Cell Phone:
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Email:

Additional Contacts (if applicable):

Section 2 - Owner Information

Legal Business Name:	UBI Number:
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Business Owner Contact Name:

Address:

City:	State:	Zip Code:	County:
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Primary Phone:	Alternate Phone:	Cell Phone:
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Email:

Emergency Contact:	Phone:	Title:
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Section 3 - Housing Information

Note: If amending total number of occupants and units, list current occupants and units licensed for.

Max Occupants at Peak Season:	Max Housing Units at Peak Season:
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Occupancy Start Date:	Occupancy End Date:
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H2-A Participant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Crop Type:
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Type of Housing: (ex. stick, manufactured, brick, tent):

Housing Description (ex. residential, apartment, hotel/motel):

Public Water System Name:	Public Water System ID Number:
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Public Water System: Group A ☐ or Group B ☐

New Construction or Remodel/Addition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Construction Review Services (CRS) Review Number:
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Construction Approved by: ☐ City Building ☐ County Building ☐ DOH-Construction Review Services ☐ L&I (Factory Assembled)

Certificate of Occupancy Issued and Included: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Building Approving Authority:
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Section 4 - Change of Ownership (if applicable)

Current Facility Name:		Current License Number: WA -		- TWH
Current Owner Name:		Phone:		
New Facility Name:		New Owner Name:		
New Phone:	Cell Phone:	Email:		
Effective New Ownership Date:				

Section 5 - Required Documents Checklist

- ☐ Group B Water Sample Results (coliform and nitrate)
- ☐ Copy of Certificate Of Occupancy (issued by state or other authorizing agency)
- ☐ Temporary Worker Housing Management Plan (copy of English and language commonly used by occupants)
- ☐ Communicable Disease Prevention and Response Plan

Note: Application will be considered incomplete and may delay licensing if any of the above items are not included.

Section 6 - 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 submitted herein is true to the best of my knowledge/belief.

Print Name:	
Signature:	Date: