SAWP WORKER TRANSFER CONFIRMATION

I/we the undersigned, hereby acknowledge that I/we have signed and entered into an agreement with:

_____

(Employer/Farm Name Sending Transfers)

_____

(Employer/Farm Name Receiving Transfers)

(*RECEIVING EMPLOYER MUST PROVIDE APPROVED LMIA NUMBER BEFORE RECEIVING TRANSFERS)

WORKER LAST NAME	WORKER FIRST NAME	WORKER CODE	TRANSFER DATE	RECEIVING EMPLOYER LMIA #

Sending Employer Signature: _____

Receiving Employer Signature: _____

Date Signed: _____

***FOLLOWING THE ACTUAL TRANSFER DATE AND NO LATER THAN THE 10TH WORKING DAY, PLEASE FAX OR EMAIL THIS COMPLETED FORM FOR ALL WORKERS TRANSFERRED ON THE LMIA ABOVE.**

MEXICO - SEND TO F.A.R.M.S. ONLY **CARIBBEAN - SEND TO LIAISON OFFICE AND F.A.R.M.S**

F.A.R.M.S. FAX - 905-568-4175 F.A.R.M.S. EMAIL - farmsaccess@farms-canag.com

(F2017-1)