

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 LIASON 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

Approved LMIA # must be inserted before a worker transfers

Sending and Receiving Employer Signatures (both mandatory)

NOTE: where to send the completed form