



Motor Carrier Attachment:

DOL Form WH-151 dated November 27, 2022

HWY23FH013

(2 pages)

Vehicle Mechanical Inspection Report for Transportation
 Subject to Department of Transportation Requirements

U.S. Department of Labor
 Wage and Hour Division



NAME OF APPLICANT: J. Ruiz Farm Labor Contracting
 ADDRESS: 10525 Portland Ave Brook, OR 97305
 STATE: OR ZIP CODE: 97305

OMB NO: 1235-0016
 Expires: 09-30-2024

IMPORTANT:

The Migrant and Seasonal Agricultural Worker Protection Act requires that farm labor contractors subject to this law who transport any migrant and seasonal agricultural workers for agricultural employment obtain from the U.S. Department of Labor a certificate of registration. Applicants for a certificate of registration must produce evidence that the vehicles they use for this purpose meet Department of Transportation requirements. Provided below is a list of major items which should be checked. On the reverse side of this form is a brief summary of the Department of Transportation standards for each of these items. A check (✓) should be placed adjacent to each item which meets these minimum standards. In those instances where an item does not meet these standards, necessary repairs must be completed before the transportation of migrant and seasonal agricultural workers will be authorized. This form must be properly completed and signed, certifying that the vehicle meets Department of Transportation requirements. This inspection must be performed by an independent inspection company not affiliated with the applicant.

If the farm labor contractor possesses a valid current state vehicle safety inspection sticker from the jurisdiction in which the vehicle is registered, the items listed below need not be checked. However, in the Remarks section, the farm labor contractor must identify the state where the inspection was performed, list the appropriate state vehicle safety inspection number and license tag number and then sign and date the form.

Serial or Motor No.: 1F BSS31L01HA54631 Registration No.: 1732463606 State: OR License Plate No.: 844HWT

Make: Ford Model: BUECS Year: 2001 Color: Wh Vehicle Seating Capacity: 15

- Truck Tractor Semitrailer Full Trailer Bus Passenger Car Station Wagon Van

This vehicle is used to pull a trailer: Yes No Fleet #2006

* Note that the vehicle seating capacity is the manufacturer's rated capacity or, for vehicles that were fitted or customized after manufacture, the number of "seats" as defined by 29 CFR 500.105(b)(3)(v)(D).

LIGHTING DEVICES

- (1) Headlights
- (2) Stop lights
- (3) Tail lights
- (4) Clearance lights
- (5) Side markers
- (6) Reflectors
- (7) Turn signals

- (12) Connections
- (13) Brake warning device or vehicles with air or vacuum brakes

- (22) Fuses
- (23) Flares, reflectors, lanterns
- (24) Simultaneous flashing turn signals
- (25) Tires
- (26) Wiring
- (27) Steering
- (28) Horn

PASSENGER COMPARTMENT

- (14) Windshield/windows
- (15) Floors
- (16) Sides
- (17) Seats
- (18) Exit
- (19) Gates/doors
- (20) Emergency exit

PARTS AND ACCESSORIES

- (29) Windshield wipers
- (30) Rear vision mirrors
- (31) Fuel system
- (32) Exhaust system

EMERGENCY EQUIPMENT

- (21) Fire extinguisher

REMARKS:

AUTHORIZED INSPECTION NUMBER (IF APPLICABLE)

KRM Auto

EXPIRATION DATE OF INSPECTION NUMBER (IF APPLICABLE)

2403 Evergreen Ave NE

NAME OF SHOP (GARAGE)

503-932-7877

ADDRESS OF SHOP (GARAGE)

11/27/2022

TELEPHONE NUMBER

DATE OF INSPECTION

Mechanic

TITLE OF INSPECTOR

PUBLIC BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administrator, U.S. Department of Labor, Wage and Hour Division, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. DO NOT SEND THE COMPLETED FORM TO THIS OFFICE