HEATING FACILITIES AFFIDAVIT
FOR AGRICULTURAL MIGRANT LABOR CAMPS
Migrant Labor Housing Program

Camp Operator and Location:
Camp Operator or Owner Name: ________________________________________________________

Camp ID: ___________________ Camp Name: ________________________________________________

Camp Address: ________________________________________________________________________
Street Number and Name City Zip Code County Name

Facilities Inspected:

<table>
<thead>
<tr>
<th>Unit #</th>
<th>Inspection Date</th>
<th>Heater Make or Style</th>
<th>BTU or Watt Ratings</th>
<th>Fuel Type</th>
<th>Heating Period (mm/dd/yyyy)</th>
<th>Heater is capable of maintaining min 65°F</th>
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</table>

*Use attachment for additional space, if needed.

Affidavit Certification:
I, the undersigned, have personally inspected the heating system(s) described above and in the attached table and found it to be operational, safely installed, vented to prevent fire hazards and dangerous concentrations of gases, and in accordance with prevailing acceptable installation practice. For the time period indicated above and based on the construction material type and insulation rated R values, I have calculated that the heating system to be capable of maintaining each living unit as described in the table above at a minimum of 65°F.

Inspector/Contractor Name (Print): ______________________________________________________
Business Name: _______________________________________________________________________
Phone: __________________________
Business Address: _____________________________________________________________________
License Number: __________________________ State License Issued: __________________________
License Issuance Date and Expiration Date: __________________ / ___________________________
Signature: ___________________________________________________________________________ Date: ___________________________

(Or)
Name of Local Inspection Authority: ______________________________________ Permit Number: __________________
Date of Final Approval: __________________ *Please Attach copy of permit if applicable
Instructions

This affidavit is to be used at the request of the Field Inspector when any or all of the following occurs:

1. New Installations
2. Repair or modifications to the Heating system or electrical heater
3. Heating temperature concerns below what is required by the rules and safety concerns due to accumulation of gases and improperly vented systems

When completed, please Mail to:
Michigan Department of Agriculture and Rural Development
Environmental Stewardship Division
Migrant Labor Housing Program
P.O. BOX 30017
Lansing, MI 48909

You can also Fax the completed form:
Attention: Migrant Labor Housing at (517) 335-3329 or by email to: wilcoxr2@michigan.gov

Camp Operator and Location:
1. Provide name of Camp owner or operator as it appears on the License
2. Provide Camp ID number as it appears on the license
3. Provide Camp Name as it appears on the license
4. Provide complete Camp address as it appears on the license
5. Provide the name of the County in which the camp is located

Facilities Inspected:
Use this table to provide information on the facility inspected. Print legibly or type

1. Column 1: Specify the unit number as shown on the unit itself
2. Column 2: Indicate the date the inspection was conducted
3. Column 3: Indicate the type of heater in use
4. Column 4: Indicate the energy rating of the heater in BTU or Watts
5. Column 5: Indicate the type of fuel used by the heater
6. Column 6: Indicate the heating period date range: provide day, month and year

Affidavit Certification- Information to be provided by a licensed contractor:
1. Line 1: Provide inspector or contractor full name
2. Line 2: Provide inspector legal business name, if DBA, please indicate so
3. Line 3: Provide business legal address
4. Line 4: Provide Inspector/ contractor license number and the state where it is issued
5. Line 5: Provide date license issued and expiration date
6. Line 6: Provide licensed inspector signature and date
7. If a permit is obtained for this work from a local building authority, please provide the name of the local inspection authority, permit number and date of final approval issued. Attach a copy of permit if available
8. Note that if a building authority has issued a permit for the work, a certification by a licensed contractor is not required
|   |   |   |   |   |   |
|---|---|---|---|---|
| Unit # | Inspection Date | Heater Make or Style | BTU or Watt Ratings | Fuel Type | Heating Period (mm/dd/yyyy) |
|   |   |   |   |   | Heater is capable of maintaining min 65°F |
|   |   |   |   |   | From | To |   |