

COUNTY AGRICULTURAL COMMISSIONER  
**COUNTY FARM LABOR  
 CONTRACTOR REGISTRATION**

COUNTY AGRICULTURAL COMMISSIONER ADDRESS  
**AGRICULTURAL COMMISSIONER  
 COUNTY OF RIVERSIDE  
 4080 Lemon Street, Room 19  
 PO BOX 1089  
 Riverside, California 92502-1089**

REGISTRATION EXPIRATION DATE  <b>12/31/2017</b>		
LICENSE NUMBER	REGISTRATION NUMBER (OFFICE USE ONLY)  <b>RIV17 -</b>	REGISTRATION FEE RECEIVED (OFFICE USE ONLY)
CONTRACTOR'S BUSINESS NAME		BUSINESS TELEPHONE NUMBER  (    )
BUSINESS ADDRESS		EMAIL ADDRESS
CITY: _____ STATE: _____ ZIP: _____		
CONTRACTOR'S NAME		TELEPHONE NUMBER  (    )
ADDRESS:		
CITY: _____ STATE: _____ ZIP: _____		
_____ AGRICULTURAL COMMISSIONER'S SIGNATURE  DATE:	REGISTRATION CONDITIONS & WORKER SAFETY INFORMATION REVIEWED AND RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO	

**I certify the above information is correct and that I have received the conditions for registration as a Farm Labor Contractor from the County Agricultural Commissioner listed above, and that I have also received information regarding my responsibilities to my employees in the area of Worker Safety.**

FARM LABOR CONTRACTOR'S SIGNATURE	DATE SIGNED/REGISTERED
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