

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

COUNTY AGRICULTURAL COMMISSIONER ADDRESS

REGISTRATION EXPIRATION DATE

LICENSE NUMBER

REGISTRATION NUMBER

REGISTRATION FEE RECEIVED

CONTRACTOR'S BUSINESS NAME

TELEPHONE NUMBER

BUSINESS ADDRESS

CITY

STATE

ZIP CODE

CONTRACTOR'S NAME

TELEPHONE NUMBER

ADDRESS

CITY

STATE

ZIP CODE

AGRICULTURAL COMMISSIONER'S SIGNATURE



REGISTRATION CONDITIONS AND WORKER SAFETY INFORMATION REVIEWED AND RECEIVED

YES

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

Distribution: Original -- County

Copy -- Farm Labor Contractor