COUNTY AGRICULTURAL COMMISSIONER

COUNTY FARM LABOR CONTRACTOR REGISTRATION

REGISTRATION EXPIRATION DATE	COUNTY AGRICULTURAL COMMISSIONER ADDRESS

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 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 CONTRACTOR LABOR SIGNATURE	DATE SIGNED