



Agricultural Commissioner
Edmund E. Williams



Chief Deputy
Korinne M. Bell

COUNTY FARM LABOR CONTRACT REGISTRATION

REGISTRATION EXPIRATION DATE 12/31/2020

CALENDAR YEAR 2020

LICENSE NUMBER	REGISTRATION NUMBER	REGISTRATION FEE RECEIVED \$75.00
CONTRACTOR'S BUSINESS NAME		TELEPHONE NUMBER
BUSINESS ADDRESS		
CITY	STATE CA	ZIP CODE
E-MAIL ADDRESS		

CONTRACTOR'S NAME	TELEPHONE NUMBER
ADDRESS	
CITY	STATE CA
E-MAIL ADDRESS	

REGISTRATION CONDITIONS AND WORKERS SAFETY 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
AGRICULTURAL COMMISSIONER'S SIGNATURE	DATE SIGNED/REGISTERED

ATTACH CARD COPY HERE

FOR OFFICE USE ONLY

By: _____
Date Received: _____

Check No: _____
Receipt No: _____