

County Agricultural Commissioner  
**County Farm Labor  
Contractor Registration**

Registration Expiration Date: \_\_\_\_\_

License Number: \_\_\_\_\_ Registration Number: \_\_\_\_\_ Registration Fee Received: \_\_\_\_\_

Contractor's Business Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 Registered: \_\_\_\_\_