|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| COUNTY AGRICULTURAL COMMISSIONER  COUNTY FARM LABOR CONTRACTOR REGISTRATION |  |  |  |  | COUNTY AGRICULTURAL COMMISSIONER’S ADDRESS YOLO COUNTY DEPT OF AGRICULTURE 70 COTTONWOOD ST WOODLAND CA 95695 |
| 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 IF DIFFERENT FROM ABOVE **E-MAIL ADDRESS:** | | | | | |
|
| CITY | | STATE | | | ZIP CODE |
|
| C:\Users\bchristopherson\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\T4F3WB1X\MC900341798[1].jpgAGRICULTURAL 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.* | | | | | |
|
| C:\Users\bchristopherson\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\T4F3WB1X\MC900341798[1].jpgFARM LABOR CONTRACTOR'S SIGNATURE | | | | | DATE SIGNED/REGISTERED |
|
| ORIGINAL - COUNTY COPY - FARM LABOR CONTRACTOR | | | | | |
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