



**COUNTY FARM LABOR
CONTRACTOR REGISTRATION**

**YOLO COUNTY DEPT
OF AGRICULTURE
70 COTTONWOOD ST
WOODLAND CA 95695**

REGISTRATION EXPIRATION DATE		
LICENSE NUMBER (STATE)	DATE RECEIVED	FEE - SALES RECEIPT #
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
AGRICULTURAL COMMISSIONER'S SIGNATURE 	REGISTRATION CONDITIONS AND WORKER SAFETY INFORMATION REVIEWED AND RECEIVED YES <input type="checkbox"/> NO <input type="checkbox"/>	
<i>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.</i>		
FARM LABOR CONTRACTOR'S SIGNATURE 	DATE SIGNED/REGISTERED	

ORIGINAL - COUNTY

COPY - FARM LABOR CONTRACTOR