



# **Sacramento County Agricultural Commissioner**

4137 Branch Center Rd Sacramento, CA 95827 916.875.6603 AGCOMMPUE@sacounty.net

## **Farm Labor Contractor Registration**

Date Submitted: \_\_\_\_\_ Reg. Expiration Date: \_\_\_\_\_

License No. \_\_\_\_\_ Registration No. \_\_\_\_\_

Business Name: \_\_\_\_\_

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

\_\_\_\_\_ Zip: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

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

\_\_\_\_\_ Zip: \_\_\_\_\_

Business Ph: ( ) \_\_\_\_\_ Contractor's Ph: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

**REGISTRATION INFORMATION / FEES:** Cash:  Check:  Credit:

**Total Fees Submitted:** \_\_\_\_\_

**Online Payment Confirmation Number:** \_\_\_\_\_

Make checks payable to: Sacramento County

County Use Only: Online Payment Verified by Accounting: _____ Receipt #: _____ Date: _____
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Agricultural Commissioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Conditions and Worker Safety Information Received and Reviewed: Yes  No

Farm Labor Contractor Signature: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the information provided is TRUE and CORRECT