



Sacramento County Agricultural Commissioner

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

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: _____

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

(Revised 10/25)