Sacramento County Agricultural Commissioner

4137 Branch Center Rd Sacramento, CA 95827 916.875.6603 AGCOMMPUE@saccounty.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)