

# FARM LABOR CONTRACTOR REGISTRATION



County of Fresno  
DEPARTMENT OF AGRICULTURE  
MELISSA CREGAN  
AGRICULTURAL COMMISSIONER/  
SEALER OF WEIGHTS & MEASURES

\_\_\_\_\_  
LICENSE NUMBER

\_\_\_\_\_  
REGISTRATION EXPIRATION DATE

\_\_\_\_\_  
REGISTRATION FEE RECEIVED

\_\_\_\_\_  
BUSINESS NAME/DOING BUSINESS AS(DBA)

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
EMAIL/FAX NUMBER

\_\_\_\_\_  
BUSINESS ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
CONTRACTOR'S NAME

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
EMAIL/FAX NUMBER

\_\_\_\_\_  
CONTRACTOR'S ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
AGRICULTURAL COMMISSIONER'S SIGNATURE

\_\_\_\_\_  
DATE

## INITIAL

\_\_\_\_\_  
I certify that 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.

\_\_\_\_\_  
If my Farm Labor Contractor's license expires prior to the expiration date of this registration, I, shall immediately provide the Agricultural Commissioner with a copy of the renewed license. I acknowledge that renewed licenses may be submitted by fax, mail, email or in person.

\_\_\_\_\_  
FARM LABOR CONTRACTOR'S SIGNATURE

\_\_\_\_\_  
DATE

