



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: _____

Agricultural Commissioner Signature: _____

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