SUBMIT FORM

COUNTY AGRICULTURAL COMMISSIONER ADDRESS

AGRICULTURAL COMMISSIONER
COUNTY OF RIVERSIDE
PO BOX 1089
Riverside, California 92502-1089

COUNTY AGRICULTURAL COMMISSIONER

COUNTY FARM LABOR CONTRACTOR REGISTRATION

REGISTRATION EXPIRATION DATE (OFFICE USE ONLY)		
LICENSE NUMBER	REGISTRATION NUMBER (OFFICE USE ONLY) **RIV24 -**	REGISTRATION FEE RECEIVED (OFFICE USE ONLY)
CONTRACTOR'S BUSINESS NAME		BUSINESS TELEPHONE NUMBER ( )
BUSINESS ADDRESS	EMAIL ADDRESS	
CITY:	STATE:	ZIP:
CONTRACTOR'S NAME	TELEPHONE NUMBER ( )	
ADDRESS:		
CITY:	STATE:	ZIP:
AGRICULTURAL COMMISSIONER'S SIGNATURE DATE:	REGISTRATION CONDITIONS & WORKER SAFETY INFORMATION REVIEWED AND RECEIVED YES NO	

I certify 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.

FARM LABOR CONTRACTOR'S SIGNATURE	DATE SIGNED/REGISTERED

Distribution: Original – County Copy – Farm Labor Contractor

TRANSACTION ID# FOR ONLINE PAYMENTS _____

IF FEES ARE PAID ONLINE, REGISTRATION FORMS ARE STILL REQUIRED TO BE SUBMITTED TO OUR OFFICE.