

COUNTY AGRICULTURAL COMMISSIONER
**COUNTY FARM LABOR
 CONTRACTOR REGISTRATION**

COUNTY AGRICULTURAL COMMISSIONER ADDRESS

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

REGISTRATION EXPIRATION DATE (OFFICE USE ONLY)		
LICENSE NUMBER	REGISTRATION NUMBER (OFFICE USE ONLY) RIV25 -	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	REGISTRATION CONDITIONS & WORKER SAFETY INFORMATION REVIEWED AND RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE:		

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
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TRANSACTION ID# FOR ONLINE PAYMENTS
IF FEES ARE PAID ONLINE, REGISTRATION FORMS ARE STILL REQUIRED TO BE SUBMITTED TO OUR OFFICE.