

DEPARTMENT OF AGRICULTURE/WEIGHTS & MEASURES

Andrew F. Smith
Agricultural Commissioner
Sealer of Weights & Measures



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FARM LABOR CONTRACTOR REGISTRATION

BUSINESS NAME: _____ LICENSE #: _____

BUSINESS MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

CONTRACTOR'S NAME: _____

CONTRACTOR'S MAILING ADDRESS SAME AS BUSINESS ADDRESS? ☐ YES ☐ NO If no, please list **ADDRESS** below:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

TO COMPLETE REGISTRATION, THE FOLLOWING DOCUMENT MUST BE ATTACHED:

- ☐ Copy of **Farm Labor Contractor's License** (card) **OR**
- ☐ **Farm Labor Contractor License Verification** from the California Department of Industrial Relations

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.

CONTRACTOR NAME (print): _____

CONTACTOR SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY

REGISTRATION #: 49-_____ REGISTRATION EXP DATE: _____ FEE RECEIVED: \$_____

COUNTY OFFICIAL'S NAME (print): _____

COUNTY OFFICIAL'S SIGNATURE: _____ DATE: _____