



**County of El Dorado
Department of Agriculture
Farm Labor Contractor
Registration Form**

LeeAnne Mila
Agricultural Commissioner
311 Fair Lane
Placerville, CA 95667
Office: (530)621-5520
Fax: (530)626-4756
Email: eldcag@edcgov.us

| | | | |
|---|--------|--|--|
| License Number: | | Registration Expiration Date: | |
| Issued Registration Number: | | Registration Fee Received: | |
| Contractor's Business Name: | | Business Phone Number: | |
| Business Address: | | | |
| City: | State: | Zip Code: | |
| Contractor's Name: | | Contractor's Phone Number: | |
| Address: | | | |
| City: | State: | Zip Code: | |
| Agricultural Commissioner Representative's Signature: | | Registration Conditions and Worker Safety Information Reviewed and Received: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <i>I certify the above information is correct and that I have received the conditions for registration as a Farm Labor Contractor from the County of El Dorado Department of Agriculture, and that I have also received information regarding my responsibilities to my employees in the area of Worker Safety.</i> | | | |
| Farm Labor Contractor's Signature: | | Date: | |

Distribution: Original – County

Copy – Farm Labor Contractor