

The County of Yuba

Agricultural Commissioner – Weights & Measures
915 8th Street, Suite 127 – Marysville, CA 95901

STEPHEN M. SCHEER
AGRICULTURAL COMMISSIONER
SEALER OF WEIGHTS & MEASURES



(530) 749-5400 Office
(530) 749-5404 Fax
yubaag@yuba.gov

TODD A. QUIST
ASSISTANT
AGRICULTURAL COMMISSIONER
SEALER OF WEIGHTS & MEASURES



COUNTY FARM LABOR CONTRACTOR REGISTRATION INSTRUCTIONS:

1. Complete County Farm Labor Contractor Registration form
2. Provide a copy of:
 - a. Current Farm Labor Contractors License, issued by the State of California Department of Industrial Relations-Division of Labor Standards Enforcement
 - b. Current Farm Labor Certificate of Registration, issued by the United States Department of Labor Employment Standards Administration-Wage and Hour Division.
3. Include a **check or money order** in the amount of \$25.00, the current registration fee, made payable to **Yuba County Agricultural Department**
4. Include a self-addressed stamped envelope so that we may return the **signed and completed registration form**, with **registration expiration date**. Please indicate on your registration form if you would like to receive a registration packet covering worker safety information.

COUNTY FARM LABOR CONTRACTOR REGISTRATION

YUBA COUNTY DEPARTMENT OF AGRICULTURE

915 8th Street Suite 127
Marysville, CA 95901
(530)749-5400
(530) 749-5404 Fax

REGISTRATION EXPIRATION DATE December 31,			
LICENSE NUMBER	REGISTRATION NUMBER	REGISTRATION FEE RECEIVED (\$25.00) RECEIPT # _____	
CONTRACTOR'S BUSINESS NAME		TELEPHONE NUMBER	
BUSINESS ADDRESS			
CITY	STATE	ZIP CODE	
CONTRACTOR'S NAME		TELEPHONE NUMBER	
ADDRESS IF DIFFERENT FROM ABOVE			
CITY	STATE	ZIP CODE	
AGRICULTURAL COMMISSIONER'S SIGNATURE 		REGISTRATION CONDITIONS AND WORKER SAFETY INFORMATION REVIEWED AND RECEIVED YES <input type="checkbox"/> NO <input type="checkbox"/>	
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	

EMAIL ADDRESS: