

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

COUNTY AGRICULTURAL COMMISSIONER ADDRESS

**County of Los Angeles  
Agricultural Commissioner  
Weights & Measures  
12300 Lower Azusa Road  
Arcadia, CA 91006**

REGISTRATION EXPIRATION DATE

|                                                                                                                                                                                                                                                                                                                     |                                                                                                                                         |                     |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------|
| LICENSE NUMBER                                                                                                                                                                                                                                                                                                      |                                                                                                                                         | REGISTRATION NUMBER | REGISTRATION FEE RECEIVED |
| CONTRACTOR'S BUSINESS NAME                                                                                                                                                                                                                                                                                          |                                                                                                                                         |                     | TELEPHONE NUMBER          |
| BUSINESS ADDRESS                                                                                                                                                                                                                                                                                                    |                                                                                                                                         |                     | EMAIL                     |
| CITY                                                                                                                                                                                                                                                                                                                | STATE                                                                                                                                   | ZIP CODE            |                           |
| CONTRACTOR'S NAME                                                                                                                                                                                                                                                                                                   |                                                                                                                                         |                     | TELEPHONE NUMBER          |
| ADDRESS                                                                                                                                                                                                                                                                                                             |                                                                                                                                         |                     |                           |
| CITY                                                                                                                                                                                                                                                                                                                | STATE                                                                                                                                   | ZIP CODE            |                           |
| AGRICULTURAL COMMISSIONER'S SIGNATURE                                                                                                                                                                                                                                                                               | REGISTRATION CONDITIONS AND WORKER SAFETY INFORMATION REVIEWED AND RECEIVED<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                     |                           |
| <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 Agricultural Commissioner listed above, 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 SIGNED/REGISTERED    |

Distribution: Original -- County Copy -- Farm Labor Contractor

Please note that this form is fillable, so that you may type in the information. You can either send the form to our office via email: [HDewhirst2@acwm.lacounty.gov](mailto:HDewhirst2@acwm.lacounty.gov), or mail the completed application to the address in the upper corner.

The expiration date will be determined by the date that your FLC License expires, if the expiration date is before 12/31/26.

However, if your state-issued extension is valid past 12/31/26, then your registration expiration date will still be 12/31/26.

If you need further assistance regarding your renewal, please contact the Department of Agricultural Commissioner/Weights and Measures office at (626) 575-5466.