FARM LABOR CONTRACTOR REGISTRATION

The Agricultural Commissioner wishes to emphasize items prior to registration and obtain the Farm Labor Contractor's signature that these items have been reviewed with the Agricultural Commissioner's staff.

1. Every farm labor contractor licensed in the State of California to perform various functions and duties is required to:

   a. Register with the Agricultural Commissioner of the county or counties in which the labor contractor has contracted with a grower;

   b. Carry his or her license and proof of registration with him or her at all times;

   c. File with the Agricultural Commissioner of the county or counties in which the labor contractor has contracted with a grower, a correct change of address immediately upon each occasion the licensee permanently moves his or her address.

2. A civil penalty of not more than one thousand dollars ($1,000) for each violation may be levied against a person for violating Section 1695 of the Labor Code, which pertains to registration with the Agricultural Commissioner, carrying proof of that registration, and filing changes of address with the Agricultural Commissioner; or Division 7, Chapter 2, Article 10.5 of the California Food and Agriculture Code pertaining to Pesticide and Worker Safety.

3. The State of California requires the safety of employees that may enter a field when exposure to a pesticide or its residue can be reasonably expected.

4. Farm Labor Contractors and their Supervisors shall be informed of the meaning of warning signs placed at the corners and entrances of fields treated with a pesticide.

   a. The warning sign means that the field has been treated with a pesticide and that no one is to enter the field without proper safety equipment.

5. Farm Labor Contractors and their Supervisors shall be informed of activities prohibited during the reentry interval.

6. There must be clean water and soap so the employees can wash their hands.

7. There must be one toilet and hand washing facility provided and maintained for each forty (40) employees, or fraction thereof, engaged in a food crop growing and harvesting operation.

8. Toilet and hand washing facilities for food crop harvesting operations shall be provided within a five-minute walk of place of work.

9. Employees or their Supervisors shall be informed of where to go to receive emergency medical treatment.

a. They shall be informed of the **NAME**, **ADDRESS**, and **TELEPHONE NUMBER** of a doctor, hospital, clinic, or emergency room where employees can receive medical treatment.

b. If it is not convenient to go to the designated location, procedures to take the employees elsewhere are required.

10. When it is suspected that an employee is ill due to a pesticide or when exposure to a pesticide has occurred that could result in illness of the employee, the employee must be taken to a doctor immediately.

    a. An employee that is ill must not be allowed to drive themselves to the doctor.

11. Farm Labor Contractors and their Supervisors shall be informed of the symptoms of Organophosphate and N-Methyl Carbamate poisoning.

    a. Organophosphates and N-Methyl Carbamates are two groups of pesticides with a high toxicity to man.

    b: Symptoms include:

Headache	Nausea
Vomiting	Cramps
Blurred vision	Nervousness
Pinpoint pupils	Labored breathing
Excessive perspiration	Weakness
Tightness in the chest	Watery eyes
Frothing from the mouth or nose	Dizziness
Loss of body functions	Coma
Muscle paralysis	

12. Farm Labor Contractors engaged in the application of pesticides including baits, must be licensed as an Agricultural Pest Control business and register with the Agricultural Commissioner as such.

Your signature acknowledges that you have reviewed the above items prior to registering in _____ County.

_____ Please print name

_____ Signature - Contractor

_____ Registration number

_____ Date

_____ Business name

_____ License number

Other Contact Persons:

Emergency Phone Numbers:

_____

_____

_____

_____

COUNTY AGRICULTURAL COMMISSIONER

COUNTY FARM LABOR CONTRACTOR REGISTRATION

COUNTY AGRICULTURAL COMMISSIONER ADDRESS

REGISTRATION EXPIRATION DATE

LICENSE NUMBER	REGISTRATION NUMBER	REGISTRATION FEE RECEIVED

CONTRACTOR'S BUSINESS NAME	TELEPHONE NUMBER

BUSINESS ADDRESS

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
	☐ YES ☐ NO

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

Distribution: Original – County Copy – Farm Labor Contractor

OSP 02 73625