

U.S. Department of Labor  
Wage and Hour Division



Farm Labor Contractor Certificate of Registration

No. C-09-476816-I-21-R  
Expires 09/21/2021

Name CREAM OF THE CROP AG SERVICE, INC.

I certify that the person named above is registered pursuant to the Migrant and Seasonal Agricultural Worker Protection Act and is authorized to perform the following activities covered by the Act: Recruit, solicit, furnish, hire and employ.

Transportation	<input type="checkbox"/>	Authorized	<input checked="" type="checkbox"/>	Not Authorized
Housing	<input type="checkbox"/>	Authorized	<input checked="" type="checkbox"/>	Not Authorized
Driving	<input type="checkbox"/>	Authorized	<input checked="" type="checkbox"/>	Not Authorized

Approved Adriana V. Iglesias Date: 09/22/2019

(Program Manager) WH-511 (6/96)  
239465

Social Security Account No. XXX-XX-8581

Social Security Employer ID No. 20-5476816

Perm. Home Address 3908 W. CALDWELL AVE

Visalia CA 93277  
(City or Town) (State) (ZIP Code)

Date of Birth Height Weight  
(Month) (Day) (Year)

This Certificate is based on the Migrant and Seasonal Agricultural Worker Protection Act and regulation issued thereunder, and on my application for registration. It may be revoked or suspended, its renewal denied, for noncompliance with the Act or regulation, including applicable requirements for transporting and housing migrant workers. Such noncompliance may constitute a criminal offense.

*Adriana V. Iglesias*  
(Signature of Holder) (Title)

U.S. Department of Labor  
Wage and Hour Division



FLCE Certificate of Registration

No. E-09-088581-I-21-R  
Expires 09/21/2021

Name MARTIN ATANACIO JR.

I certify that the person named above is registered pursuant to the Migrant and Seasonal Agricultural Worker Protection Act and is authorized to perform the following activities covered by the Act: recruit, solicit, furnish, hire and employ.

Employer's Name CREAM OF THE CROP AG SERVICE, INC.

Registration Number C-09-476816-I-21-R

Driving  Authorized  Not Authorized

Approved Adriana V. Iglesias Date 09/22/2019

(Program Manager) Form WH-513 (8/84)

Social Security Account No. XXX-XX-8581

Permanent Home Address

(City or Town) (State) (Zip Code)

Date of Birth 03/15/1960 Height 6' 2"  
(Month)(Day)(Year)

This certificate is based on the Migrant and Seasonal Agricultural Worker Protection Act and regulations issued thereunder, and on my application for registration. It may be revoked or suspended, or its renewal denied, for noncompliance with the Act or regulations. Such noncompliance may constitute a criminal offense.

*Martin Atanacio Jr.*  
(Signature of Holder) (Title)