

U.S. Department of Labor  
Wage and Hour Division



Farm Labor Contractor Certificate of Registration

No. C-09-592915-H-21-R  
Expires 08/01/2021

Name CENTRAL VALLEY CONTRACTING, 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: 08/02/2019  
(Program Manager) WH-511 (6/96)  
238241

Social Security Account No. XXX-XX-8604

Social Security Employer ID No. 68-0592915

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.

*[Signature]* FLC / President  
(Signature of Holder) (Title)

U.S. Department of Labor  
Wage and Hour Division



**FLCE Certificate of Registration**  
No. E-09-068604-H-21-R  
Expires 08/01/2021

Name SANTIAGO JIMENEZ MARTIN

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 CENTRAL VALLEY CONTRACTING, INC.

Registration Number C-09-592915-H-21-R

Driving  Authorized  Not Authorized

Approved Adriana V. Iglesias Date 08/02/2019  
(Program Manager) Form WH-513 (6/84)

Social Security Account No. \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

Visalia CA 93292  
(City or Town) (State) (Zip Code)

Date of Birth 03/25/1962 Height 5' 11"  
(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.

*Santiago Jimenez Martin* FLC/President  
(Signature of Holder) (Title)