

U.S. Department of Labor
Wage and Hour Division



Farm Labor Contractor Certificate of Registration

No. C-09-299125-I-21-R
Expires 09/30/2021

Name CAL AG. RESOURCES, 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: 10/01/2019

(Program Manager) WH-511 (6/96)
239621

Social Security Account No. XXX-XX-9716

Social Security Employer ID No. 26-3299125

Perm. Home Address [Redacted]
(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 of Holder) (Title)

U.S. Department of Labor
Wage and Hour Division



FLCE Certificate of Registration

No. E-09-819716-I-21-R
Expires 09/30/2021

Name SANTIAGO MARTIN 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 CAL AG. RESOURCES, INC.

Registration Number C-09-299125-I-21-R

Driving Authorized Not Authorized

Approved Adriana V. Iglesias Date 10/01/2019

(Program Manager) Form WH-513 (6/84)

Social Security Account No. XXX-XX-9716

Permanent Home Address [Redacted]
(City or Town) (State) (Zip Code)

Date of Birth 02/04/1982 Height 5'7"
(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.

(Signature of Holder) (Title)