



1625 Howard Road #113  
Madera, CA 93637  
559-416-7154  
pfminc1@gmail.com

# LICENSING INFORMATION

*“Striving To Be The Acknowledged Leader And Preferred  
Partner In Farm Management Services and Personnel”*



## **- About Us -**

*“Striving To Be The Acknowledged Leader And Preferred Partner In Farm Management Services and Personnel”*

Pacific Farm Management was formed in 2012 with the goal of providing professional services and personnel to farmers in the San Joaquin Valley. Pacific Farm Management understands the challenges with field and payroll regulations and is dedicated in being in compliance at all times. Our goal is to change the mindset of farmers and packers in regards to hiring employees by providing unmatched service to our clients. We are experienced in a variety of crops including:

- \* **Cherries**
- \* **Almonds**
- \* **Grapes**
- \* **Blueberries**
- \* **Stone Fruits**
- \* **Row Crops**

- \* **Garlic**
- \* **Onions**
- \* **Pistachios**
- \* **Figs**
- \* **Pomegranates**
- \* **Packing Houses**

*Give us a call today and allow us to take the work and worry off your hands!*



## **- Safety First -**

*“Striving To Be The Acknowledged Leader And Preferred Partner In Farm Management Services and Personnel”*

Pacific Farm Management is dedicated in taking care of our most important asset, our employees. We train all our employees and supervisors on a consistent basis. In each of our Field Guides, you will find the following safety programs that we implement:

- \* Injury Illness and Prevention
- \* Heat Illness and Prevention
- \* Heat Stress
- \* Sexual Harassment
- \* Food Safety Good Agriculture Practices
- \* Ladder Training
- \* Tractor Training
- \* First Aid Training
- \* Forklift Training

If you would like copies of our programs for your verification purposes, please give us a call and we will gladly provide you with the information needed.

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>PACIFIC FARM MANAGEMENT INC</b>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	Exempt payee code (if any) _____
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
<input type="checkbox"/> Other (see instructions) ▶ _____	(Applies to accounts maintained outside the U.S.)
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <b>1625 HOWARD ROAD #113</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>MADERA, CA 93637</b>	
<b>7</b> List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
<b>or</b>										
<b>Employer identification number</b>										
4	6		-	1	2	0	0	1	7	0

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ 1/1/2023
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

State of California  
Department of Industrial Relations  
Division of Labor Standards Enforcement  
Licensing & Registration Unit  
1515 Clay Street, Ste. 1902  
Oakland, CA 94612



Registration Number:  
FLC000181922

## Farm Labor Contractor VERIFICATION

- This document is your official verification.
- If asked, you must be able to provide a copy of this verification form.
- You are required to print and retain this form in your records.

Effective Date	Expiration Date
10/10/2022	10/8/2023

Business Name:  
Pacific Farm Management, Inc.  
DBA

Workers Compensation Insurance Expiration Date:  
April 1, 2023

Main Office:  
1200 Maple St #108  
Madera, CA 93637

Bond Issuer: Platte River Ins Co  
Bond Effective Date: September 4, 2022

ALTERATIONS WILL VOID THIS VERIFICATION

LABOR COMMISSIONER

Farm Labor Contractor Employee Certificate of Registration  
**FLCE-I-WE-CA-67157367-1124**

**Employee Name:**  
AHMED N. ALAMARI  
**SSN:** \*\*\* - \*\* - 1052

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.

**FLC Certificate Holder:**  
PACIFIC FARM MANAGEMENT, INC.  
**Number:** FLC-I-WE-CA-16157366-1124

**Authorizations**

Driving: **Not Authorized**

Driving Authorization is valid only on the condition that the person issued this certificate of registration maintains a current valid driver's license for the type of vehicle being driven.



**WAGE AND HOUR DIVISION**  
UNITED STATES DEPARTMENT OF LABOR

**Valid Dates:** 11/10/2022 - 11/9/2024

**Amended:**

**Address:**

~~1234 Main Street~~

Madera, California 93637 - 5010

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)

**Farm Labor Contractor Certificate of Registration**  
**FLC-I-WE-CA-16157366-1124**

SSN: \*\*\*-\*\*-1052 | EIN: 46-1200170

**Representative Name:**

AHMED ALAMARI

**Certificate Holder:**

PACIFIC FARM MANAGEMENT, INC.

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.

**Authorizations**

**Driving: Not Authorized**

**Transportation: Not Authorized | Housing: Not Authorized**

Driving Authorization is valid only on the condition that the person issued this certificate of registration maintains a current valid driver's license for the type of vehicle being driven.



**WAGE AND HOUR DIVISION**  
**UNITED STATES DEPARTMENT OF LABOR**

Valid Dates: 11/10/2022 - 11/9/2024

Amended:

**Address:**

Madera, California 93637

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 if its renewal denied for noncompliance with the Act or regulation (including applicable requirements for transporting and housing migrant workers). Such non-compliance may constitute a criminal offense.

(Signature of Holder)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/29/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> RISI dba Pan American Insurance Services 2800 W. March Lane Suite 420 Stockton CA 95219		<b>CONTACT NAME:</b> Dana Reynolds <b>PHONE (A/C, No, Ext):</b> (209) 955-2600 <b>FAX (A/C, No):</b> (209) 474-0697 <b>E-MAIL ADDRESS:</b> dana.reynolds@relationinsurance.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Star Insurance Company	<b>NAIC #</b> 18023
		<b>INSURER B:</b> Acceptance Casualty Insurance Company	
		<b>INSURER C:</b> XL INSURANCE AMERICA, INC.	
		<b>INSURER D:</b> Platte River Ins Co	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Pacific Farm Management, Inc. 1625 Howard Rd, #113 Madera CA 93637			

**COVERAGES****CERTIFICATE NUMBER:** 23/24 All Lines**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CP0987420	04/01/2023	04/01/2024	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							Chemical Drift	\$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			EMM0001461 01	04/01/2023	04/01/2024	EACH OCCURRENCE	\$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	\$
	<input type="checkbox"/> DED	<input type="checkbox"/> CLAIMS-MADE						\$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			RWC3001118-07	04/01/2023	04/01/2024	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Farm Labor Contractor Bond			41427548	04/01/2023	04/01/2024	Limit	\$75,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

DPR Pest Control Business Number 39734

The coverage provided by this insurance company and issued to the aforementioned Named Insured fulfills the requirements pursuant to Title 3 of the California Code of Regulations, Code section 6524, including chemical bodily injury and chemical property damage coverage.

**CERTIFICATE HOLDER****CANCELLATION**

California Dept of Pesticide Regulation Licensing and Certification Program P O Box 4015 Sacramento CA 95812-4015	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/10/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> RISI dba Pan American Insurance Services 2800 W. March Lane Suite 420 Stockton CA 95219		<b>CONTACT NAME:</b> Dana Reynolds <b>PHONE (A/C, No, Ext):</b> (209) 955-2600 <b>FAX (A/C, No):</b> (209) 474-0697 <b>E-MAIL ADDRESS:</b> dana.reynolds@relationinsurance.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Admiral Insurance Company	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b> Pacific Farm Management, Inc. 1625 Howard Rd, Suite 113 Madera CA 93637		<b>NAIC #</b> 24856	

**COVERAGES****CERTIFICATE NUMBER:** 2022/2023 EPLI Only**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Employment Practices Liability Insurance			DEP-1948764-P2	07/28/2022	07/28/2023	Limit \$1,000,000 Deductible \$150,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Proof of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**FARM LABOR CONTRACTOR**  
**REGISTRATION YEAR 2023**



Madera County  
 Department of Agriculture  
 145 Tozer Street, Suite 101  
 Madera, CA 93638

LICENSE NUMBER FLC000181922 REGISTRATION NUMBER W/A REGISTRATION EXPIRATION DATE 12-31-23 REGISTRATION FEE RECEIVED \$40

BUSINESS NAME/DOING BUSINESS AS (DBA) Pacific Farm Management Inc. TELEPHONE NUMBER 559-416-7154 EMAIL/FAX NUMBER 559-416-7645 pfminc1@gmail.com

BUSINESS ADDRESS 1625 Howard Road #113 CITY Madera STATE CA ZIP CODE 93637

CONTRACTOR'S NAME Ahmed Alamari TELEPHONE NUMBER 559-416-7154 EMAIL/FAX NUMBER 559-416-7645 pfminc1@gmail.com

CONTRACTOR'S ADDRESS 1200 Maple Street # 108 CITY Madera STATE CA ZIP CODE 93637

Rusty Lantsberger by J. Lantsberger DATE 12-21-22  
 AGRICULTURAL COMMISSIONER'S SIGNATURE

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 12/20/22

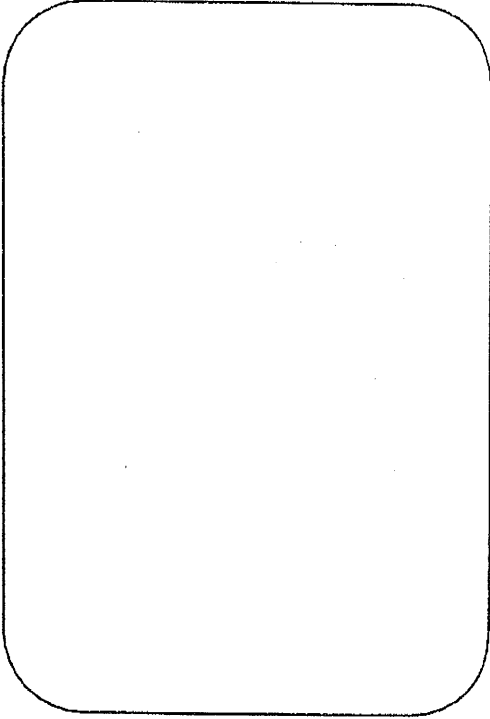
# FARM LABOR CONTRACTOR REGISTRATION



County of Fresno  
DEPARTMENT OF AGRICULTURE  
MELISSA CREGAN  
AGRICULTURAL COMMISSIONER/  
SEALER OF WEIGHTS & MEASURES

FLC000181922  
 LICENSE NUMBER \_\_\_\_\_ REGISTRATION EXPIRATION DATE 12-31-2023 REGISTRATION FEE RECEIVED 25.00  
 Pacific Farm Management Inc. TELEPHONE NUMBER 559-416-7154 EMAIL/FAX NUMBER 559-416-7645 EMAIL/FAX NUMBER pfm1@gmail.com  
 BUSINESS NAME/DOING BUSINESS AS(DBA)  
 1625 Howard Road # 113 Madera CA 93637  
 BUSINESS ADDRESS CITY STATE ZIP CODE  
 Ahmed Alamari TELEPHONE NUMBER 559-416-7154 EMAIL/FAX NUMBER 559-416-7645 EMAIL/FAX NUMBER pfm1@gmail.com  
 CONTRACTOR'S NAME CITY STATE ZIP CODE  
 1200 Maple Street # 108 Madera CA 93637  
 CONTRACTOR'S ADDRESS CITY STATE ZIP CODE

AGRICULTURAL COMMISSIONER'S SIGNATURE Melissa Cregan DATE 12/22/2022



INITIAL \_\_\_\_\_

AA \_\_\_\_\_

AA \_\_\_\_\_

I certify that 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.

If my Farm Labor Contractor's license expires prior to the expiration date of this registration, I shall immediately provide the Agricultural Commissioner with a copy of the renewed license. I acknowledge that renewed licenses may be submitted by fax, mail, email or in person.

[Signature]  
 FARM LABOR CONTRACTOR'S SIGNATURE

12/20/22  
 DATE

<b>PAID</b>	
CHECK NO. <u>254166</u>	
AMOUNT <u>25.00</u>	
DATE <u>12-22-2022</u>	

ENTERED BY #8 DEC 22 2022

1730 S. Maple Avenue / Fresno, California 93702-4596 / (559) 600-7510  
<http://www.co.fresno.ca.us/fresnoag> - [fresnoag@fresnocountyca.gov](mailto:fresnoag@fresnocountyca.gov)  
 The County of Fresno is an Equal Employment Opportunity Employer



# Tulare County Agricultural Commissioner/Sealer

Tom Tucker, Agricultural Commissioner  
Sealer of Weights and Measures  
Christopher Greer, Assistant Agricultural Commissioner  
Sealer of Weights and Measures

## FARM LABOR CONTRACTOR REGISTRATION 2023 Registration

Attach Copy of FLC Card

<b>OFFICE USE ONLY</b>	
Reg No:	181922
Reg Date:	1/1/23
Reg Exp Date:	12/31/23
County:	TULARE

Please mail a copy of your renewed license when you receive it to keep your registration valid.  
Registration is no longer valid when your license has expired.

Firm Name	PACIFIC FARM MANAGEMENT, INC		
FLC License #	FLC000181922	License Expiration:	10/8/23
Mailing Address	1625 HOWARD RD #113		
City	MADERA	State	CA Zip 93637
Primary Phone	(559) 416-7154	Alternate Phone	Fax 1 (559) 416-7645
Cell Phone	(559) 718-0532	Email	PFMINC1@GMAIL.COM
Contact Name	ALAMARI, AHMED NORMAN		
Records Address	1625 HOWARD RD #113		
City	MADERA	State	CA Zip 93637

### Additional Contact Name for Farm Labor Contractor with the authority to Sign.

Additional Contact Name 2		Phone 2	
Additional Contact Name 3		Phone 3	

Registrant has received direction on how to obtain the Responsibilities and Worker Safety Packets online.

**THIS REGISTRATION IS VALID ONLY IF THE FORM HAS BEEN APPROVED AND SIGNED BY A QUALIFIED REPRESENTATIVE OF THE TULARE COUNTY DEPARTMENT OF AGRICULTURE.**

<b>OFFICE USE ONLY</b>	
Copy of License Attached:	<input checked="" type="radio"/> YES <input type="radio"/> NO
Registration Fee \$:	32 <sup>00</sup>
Registration Fee Received:	<input checked="" type="radio"/> YES <input type="radio"/> NO

Registrant Print Name: Ahmed Alamari  
 Registrant Signature: [Signature] Date: 11/27/22  
 Registrant Title: President  
 Tom Tucker,  
 Agricultural Commissioner, By: [Signature] Date: 11/30/22



Department of Agriculture / Measurement Standards

JIMMY HOOK  
Agricultural Commissioner  
Sealer of Weights and Measures

COUNTY OF KINGS  
FARM LABOR CONTRACTOR REGISTRATION

Registration Expiration Date: 12/31/2023

Farm Labor Contractor License No. FLC000181922

Pacific Farm Management Inc. 559-416-7154

Contractor's Business Name: 1625 Howard Road # 113 Madera CA 93637  
Telephone No. 559-416-7154

Business Mailing Address Street 1200 Maple Street # 108 City Madera State CA Zip Code 93637

Physical Address pfmnc1@gmail.com City Madera State CA Zip Code 93637

Email Address Ahmed Alamari Telephone No. 559-416-7154

Agent's First and Last Name: 1200 Maple Street # 108 Madera CA 93637  
Telephone No. 559-416-7154

Street Address: 1200 Maple Street # 108 City Madera State CA Zip Code 93637

[Signature] 12/22/22  
Agricultural Commissioner's Signature Date 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 Work Safety.

[Signature] 12/20/22  
Farm Labor Contractor's Signature Date Signed and Registered

COUNTY AGRICULTURAL COMMISSIONER  
COUNTY FARM LABOR  
CONTRACTOR REGISTRATION



MERCED COUNTY  
DEPARTMENT OF AGRICULTURE  
2139 WARDROBE AVENUE  
MERCED, CA 95341  
Phone (209) 385-7431

Email: magpermit@countyofmerced.com

REGISTRATION EXPIRATION DATE: 12/31/2023			
FLC LICENSE NUMBER: FLC000181922	COUNTY REGISTRATION NUMBER: 23 - 60 - FLC	REGISTRATION FEE RECEIVED: \$30	
CONTRACTOR'S BUSINESS NAME: Pacific Farm Management Inc.		TELEPHONE NUMBER: 559-416-7154	
CONTRACTOR'S NAME: Ahmed Alamari		EMAIL OR FAX NUMBER: pfminc1@gmail.com	
MAILING ADDRESS: 1625 Howard Road #113			
CITY: Madera	STATE: CA	ZIP CODE: 93637	
AGRICULTURAL COMMISSIONER'S SIGNATURE: David Robinson by	DATE: 12-28-22	REGISTRATION CONDITIONS AND WORKER SAFETY INFORMATION REVIEWED AND RECEIVED: <input type="checkbox"/> YES <input type="checkbox"/> 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: 12/20/22
How many employees do you have? 2,000	

Total Paid \$ 30.00  CASH  CREDIT CARD  CHECK # 25467

RECEIPT # 69438

### Farm Labor Contractor Registration Instructions

1. FLC must fill out Registration Form.
2. FLC must provide a copy of their valid current license. If the FLC license expires prior to the expiration of this registration, you shall immediately provide a renewed copy to the Merced Agricultural Commissioner's office.
3. FLC must sign "Farm Labor Contractor Registration", and make a copy for their reference.
4. FLC must sign "Application-Specific Information" notice, and make a copy for their reference.
5. There is a \$30 fee (cash, check or credit card accepted).
6. Please bring or mail money and all forms to:

**Merced County Department of  
Agriculture  
2139 Wardrobe Ave.**



# COUNTY OF SAN BENITO

**Ken Griffin** Acting AGRICULTURAL COMMISSIONER and SEALER OF WEIGHTS & MEASURES  
 P O Box 699, Hollister, CA 95024-0699 Telephone (831) 637-5344 Fax (831) 637-9015

## COUNTY FARM LABOR CONTRACTOR REGISTRATION

COUNTY AGRICULTURAL COMMISSIONER ADDRESS

Ken Griffin  
 Acting Agricultural Commissioner  
 County of San Benito  
 3224 Southside Road  
 Hollister, CA 95023

REGISTRATION EXPIRATION DATE

12/31/2023

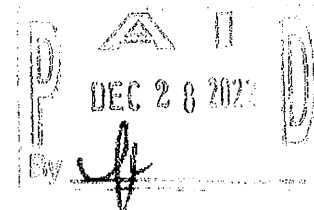
LICENSE NUMBER <b>FLC000181922</b>	REGISTRATION NUMBER <b>FL-35-165</b>	REGISTRATION FEE RECEIVED <b>\$25.00</b>
CONTRACTOR'S BUSINESS NAME <b>Pacific Farm Management Inc.</b>		TELEPHONE NUMBER <b>559-416-7154</b>
BUSINESS ADDRESS <b>1625 Howard Road # 113</b>		
CITY <b>Madera</b>	STATE <b>CA</b>	ZIP CODE <b>93637</b>
CONTRACTOR'S NAME <b>Ahmed Alamari</b>		TELEPHONE NUMBER <b>559-416-7154</b>
ADDRESS <b>1200 Maple Street # 108</b>		
CITY <b>Madera</b>	STATE <b>CA</b>	ZIP CODE <b>93637</b>
AGRICULTURAL COMMISSIONER'S SIGNATURE <i>[Signature]</i>	REGISTRATION CONDITIONS & WORKER SAFETY INFORMATION REVIEWED & RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO	
FARM LABOR CONTRACTOR'S SIGNATURE <i>[Signature]</i>		DATE SIGNED/REGISTERED <b>12/20/22</b>

Distributor: Original-County Copy-Farm Labor Contractor

Please attach:

- 1) Copy of State License (Farm Labor Contractor)
- 2) Check or Money Order for the above registration fee.

CHK # 25405  
 \$25.00





# Sacramento County Agricultural Commissioner

4137 Branch Center Rd Sacramento, CA 95827 916.875.6603 AGCOMMPUE@sacounty.net

## Farm Labor Contractor Registration

DEC 23 2022

Date Submitted: 12/23/22 Reg. Expiration Date: 12/31/23

License No. FLC000181922 Registration No. FLC000181922

Business Name: Pacific Farm Management Inc.

Business Address: 1625 Howard Road #113

Madera, CA. Zip: 93637

Contractor Name: Ahmed Alamari

Contractor Address: 1200 Maple Street #108

Madera, CA. Zip: 93637

Business Ph: (559) 416-7154 Contractor's Ph: (559) 718-0532 Fax: (559) 416-7645

E-Mail: pfminc1@gmail.com

REGISTRATION INFORMATION / FEES: Cash:  Check:  Credit:

Total Fees Submitted: 25.00 CC # 25470

Online Payment Confirmation Number: \_\_\_\_\_

Make checks payable to: Sacramento County

County Use Only:  
Online Payment Verified by Accounting  Receipt #: 7667 Date: 12/27/22

Agricultural Commissioner Signature: Patricia Betty for Chris Flores on 1/3/2023  
Registration Conditions and Worker Safety Information Received and Reviewed: Yes  No

Farm Labor Contractor Signature:

Signature: [Signature] Date: 12/20/22  
I certify that the information provided is TRUE and CORRECT

(Revised 9/20)





Office of the  
*Agricultural Commissioner*  
 Sealer of Weights and Measures

*Carlos Ortiz*  
 Agricultural Commissioner  
 Sealer of Weights and Measures

*Jolene Dessert*  
 Asst. Agricultural Commissioner  
 Asst. Sealer of Weights and Measures

**Farm Labor Contractor County Registration  
 To Be Submitted In Person**

Registration Expiration Date <b>December 31, 2023</b>	CA FLC License Number <b>FLC000181922</b>	Registration Fee <b>\$ 25.00</b>
Contractor's Name <b>Ahmed Alamari</b>		Telephone <b>559-416-7154</b>
Address <b>1200 Maple Street # 108</b>	City <b>Madera</b>	State <b>CA</b>
Business Name <b>Pacific Farm Management Inc.</b>		Zip <b>93637</b>
Address <b>1625 Howard Road # 113</b>		City <b>Madera</b>
State <b>CA</b>		Zip <b>93637</b>
<p><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. I have received information regarding my responsibilities to my employees in the area of worker safety. The person listed below (if filled in) serves within my company in a supervisory capacity to ensure that California Field Worker Safety regulations are followed and is authorized to submit this registration in Imperial County.</i></p>		
Farm Labor Contractor's signature 		Date <b>12/20/22</b>
Submitted by (other than the FLC)	Position	Signature
Name of Certified Trainer <b>Saul Comacho</b>		Type of Certification (QAL, QAC, T-2 trained) <b>T2T</b>
E-Mail (Contractor Email)		
Imperial County Signature 	Date <b>12-27-22</b>	Reviewed Registration Conditions and Worker Safety Information <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Please list below the businesses that your crew(s) will be working for in Imperial County:

- |   |                   |
|---|-------------------|
| 1 | <b>Olam Int'l</b> |
| 2 |                   |
| 3 |                   |
| 4 |                   |
| 5 |                   |
| 6 |                   |
| 7 |                   |
| 8 |                   |

Attach photocopy of license card  
 or proof of temporary license



**Colusa County**  
**Agricultural Commissioner's Office and Sealer of Weights & Measures**  
 100 Sunrise Blvd., Suite F  
 Colusa, CA 95932

**BUSINESS/LICENSE REGISTRATION**

State of California  
 Department of Pesticide Regulation  
 Pest Management & Licensing Branch

For Registration in County of:

Type of Registration:	In	Out	Registration Expiration Date: December 31, <u>2023</u> (Year)
Pest Control Advisor <sup>1</sup>	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$5.00	
Pest Control Pilot <sup>2</sup>	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$5.00	
Pest Control Business <sup>2</sup>		<input type="checkbox"/> \$50.00	
Maintenance Gardener <sup>2</sup>		<input type="checkbox"/> \$25.00	
Farm Labor Contractor <sup>2,3</sup>		<input checked="" type="checkbox"/> \$30.00	
<input checked="" type="checkbox"/> Check # <u>25472</u> <input type="checkbox"/> Cash    Fee: \$ <u>30.00</u>			

**CONTACT INFORMATION**

Name: Ahmed Alamar  
 Address: 1200 Maple Ave #108 Madera, CA. 93637  
 Cell #: 559-718-0532  
 Alternate #: 559-416-7154  
 Fax #: 559-416-7645  
 E-Mail: pfm1nc1@gmail.com

**PEST CONTROL ADVISOR <sup>1</sup>**

**BUSINESS <sup>2</sup> / FARM LABOR CONTRACTOR <sup>3</sup>**

Advisor's Employer:	Location: <input checked="" type="checkbox"/> Main <input type="checkbox"/> Branch <input type="checkbox"/> Not Applicable
Employer Address:	Name: <u>Pacific Farm Management Inc.</u>
<input type="checkbox"/> If Written Rec's address is same as above check here	License #: <u>FLC000181922</u>
Written Recs are available (Street & City):	Phone #: <u>559-416-7154</u>
	Address: <u>1625 Howard Road # 113 Madera, CA. 93637</u>

**Extra Notes:**

County Registration #    06 - 2023 - 019

Date entered: \_\_\_\_\_ Entered by: \_\_\_\_\_  
 (Biologist)

Registration Conditions and worker safety information reviewed and received <sup>3</sup>     Yes     No

Licensee Signature  
  
 Agricultural Commissioner's Signature by

12/20/22  
 Date  
12/28/22  
 Date



DEPARTMENT OF AGRICULTURE AND MEASUREMENT STANDARDS

GLENN FANKHAUSER
Agricultural Commissioner
Sealer of Weights and Measures

1001 South Mount Vernon Avenue · Bakersfield, California 93307
Telephone 661-868-6300 · Fax 661-868-6301 · aqcomm@kerncounty.com

COUNTY AGRICULTURAL COMMISSIONER
COUNTY FARM LABOR CONTRACTOR REGISTRATION

PLEASE PRINT

Registration Expiration Date 12/31/2023

License No. FLC000181922 Registration No. 15-000098 Fee & Receipt # \$25

Pacific Farm Management Inc. 559-416-7154
Contractor's Business Name: Telephone No.

1625 Howard Road # 113 Madera CA 93637
Business Mailing Address Street City State Zip Code

1200 Maple Street # 108 Madera CA 93637
Physical Address City State Zip Code

pfminc1@gmail.com
Email Address

Ahmed Alamari 559-718-0532
Contractor's Name: Telephone No.

1200 Maple Street # 108 Madera CA 93637
Street Address: City State Zip Code

pfminc1@gmail.com
Email Address

[Handwritten Signature]
Agricultural Commissioner's Signature

Registration conditions and Worker Safety
Information reviewed and received?
[checked] YES [ ] NO
mailed 1/17/23

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. # 552290


[Handwritten Signature]
Farm Labor Contractor's Signature

12/20/22
Date Signed and Registered

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

COUNTY AGRICULTURAL COMMISSIONER ADDRESS

**AGRICULTURAL COMMISSIONER  
 COUNTY OF RIVERSIDE  
 PO BOX 1089  
 Riverside, California 92502-1089**

REGISTRATION EXPIRATION DATE <b>12/31/2023</b>		
LICENSE NUMBER <b>FLC000181922</b>	REGISTRATION NUMBER (OFFICE USE ONLY) <b>RIV23 - 1 - 30</b>	REGISTRATION FEE RECEIVED (OFFICE USE ONLY) <b>40 - OK # 25469</b>
CONTRACTOR'S BUSINESS NAME <b>Pacific Farm Management Inc.</b>		BUSINESS TELEPHONE NUMBER <b>(559) 416-7154</b>
BUSINESS ADDRESS <b>1625 Howard Road # 113</b>		EMAIL ADDRESS <b>pfminc1@gmail.com</b>
CITY: <b>Madera</b> STATE: <b>CA.</b> ZIP: <b>93637</b>		
CONTRACTOR'S NAME <b>Ahmed Alamari</b>		TELEPHONE NUMBER <b>(559) 416-7154</b>
ADDRESS: <b>1200 Maple Street # 108</b>		
CITY: <b>Madera</b> STATE: <b>CA.</b> ZIP: <b>93637</b>		
 AGRICULTURAL COMMISSIONER'S SIGNATURE DATE: <b>12-27-22</b>		REGISTRATION CONDITIONS & WORKER SAFETY INFORMATION REVIEWED AND RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> 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 <b>12/20/22</b>
--	---

Distribution: Original - County      Copy - Farm Labor Contractor

**TRANSACTION ID# FOR ONLINE PAYMENTS**  
**IF FEES ARE PAID ONLINE, REGISTRATION FORMS ARE STILL REQUIRED TO BE SUBMITTED TO OUR OFFICE.**

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

COUNTY AGRICULTURAL COMMISSIONER ADDRESS



**MONTEREY COUNTY**  
AGRICULTURAL COMMISSIONER  
1428 ABBOTT ST., SALINAS, CA 93901

REGISTRATION EXPIRATION DATE  
**12 / 31 / 2023**

LICENSE NUMBER <b>FLC000181922</b>		REGISTRATION NUMBER <b>27-23-000181922</b>	REGISTRATION FEE RECEIVED <b>\$25.00</b>
CONTRACTOR'S BUSINESS NAME <b>Pacific Farm Management Inc.</b>		TELEPHONE NUMBER <b>559-416-7154</b>	
BUSINESS ADDRESS <b>1625 Howard Road # 113</b>		EMAIL ADDRESS <b>pfminc1@gmail.com</b>	
CITY <b>Madera</b>	STATE <b>CA</b>	ZIP CODE <b>93637</b>	
CONTRACTOR'S NAME <b>Ahmed Alamari</b>		TELEPHONE NUMBER <b>559-416-7154</b>	
ADDRESS <b>1200 Maple Street # 108</b>			
CITY <b>Madera</b>	STATE <b>CA</b>	ZIP CODE <b>93637</b>	
AGRICULTURAL COMMISSIONER'S SIGNATURE 	REGISTRATION CONDITIONS AND WORKER SAFETY INFORMATION REVIEWED AND RECEIVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<i>Verify 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 <b>12 / 20 / 22</b>	

Distribution: Original - County Copy - Farm Labor Contractor

PLEASE VERIFY YOU HAVE THE FOLLOWING:

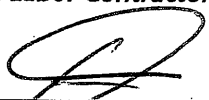

- COPY OF VALID FLC LICENSE OR PRINT OUT FROM DIR
- COPY OF SIGNED SUMMARY OF REGULATIONS

## Farm Labor Contractor County Registration

Please submit the following along with this completed form:

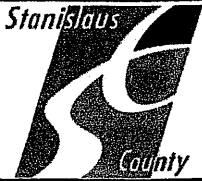
- Farm Labor Contractor State License** – Plastic card issued by State of California, Department of Industrial Relations, Division of Labor Standards – VALID FOR REGISTERING YEAR. If not available, a copy of the Farm Labor Contractor Verification from the California Department of Industrial Relations ([https://www.dir.ca.gov/dlse/License\\_Verification.html](https://www.dir.ca.gov/dlse/License_Verification.html)) verifying licensure and validity for registering year may be accepted.
- Completed and signed "Registration and Field Worker Safety Requirements for Farm Labor Contractors"
- Registration fee for \$35.00** Cash, Check payable to San Joaquin County.

Registration Expiration Date: 12/31/23

Farm Labor Contractor License # <b>FLC 000181922</b>	County Registration Number <b>39-23-S-055</b>	Registration Fee Received <b>\$35.00</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check# <b>25461</b> <input type="checkbox"/> Credit Card <input type="checkbox"/> Other
Contractor's Business Name <b>Pacific Farm Management Inc.</b>		Contact Phone No. <b>559-416-7154</b>
Contractor's Business Address <b>1625 Howard Road # 113</b>	City <b>Madera</b>	State <b>CA</b>
		Zip Code <b>93637</b>
Farm Labor Contractor's Name <b>Ahmed Alamari</b>		Contractor's Contact Phone No. <b>559-718-0532</b>
Farm Labor Contractor's Address <b>1200 Maple Street # 108</b>	City <b>Madera</b>	State <b>CA</b>
		Zip Code <b>93637</b>
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 	Registration Conditions and Worker Safety Information Reviewed and Received? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Reviewed County:	
San Joaquin County Agricultural Commissioner's Signature 	Date <b>1/5/23</b>	
ATTACHED: <input type="checkbox"/> Farm Labor Contractor License (Card)		
-OR-		
<input checked="" type="checkbox"/> Farm Labor Contractor Verification from the California Department of Industrial Relations		

REC 859  
**RECEIVED**  
DEC 23 2022  
AGR. COMM.-STOCKTON

Original: County Copy: Registrant



**Stanislaus County**  
**Agricultural Commissioner's Office and Sealer of Weights & Measures**  
**3800 Cornucopia Way, Suite B**  
**Modesto, Ca 95358**

State of California  
 Department of Pesticide Regulation  
 Pest Management & Licensing Branch

**BUSINESS/LICENSE REGISTRATION**

For Registration in County of: **Stanislaus**

Type of Registration:	In	Out
Pest Control Advisor <sup>1</sup>	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$5.00
Pilot Apprentice <sup>2,3</sup>	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$5.00
Pilot Journeyman <sup>2</sup>	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$5.00
Pest Control Business <sup>2</sup>		<input type="checkbox"/> \$50.00
Maintenance Gardener <sup>2</sup>		<input type="checkbox"/> \$25.00
Farm Labor Contractor <sup>2,4</sup>		<input checked="" type="checkbox"/> \$25.00
<input checked="" type="checkbox"/> Check#: <b>25404</b> <input type="checkbox"/> Cash	Fee: \$ <b>25.00</b>	

Registration Expiration Date: December 31, **2023** (Year)

**CONTACT INFORMATION**

Name: **Ahmed Alamari**

Address: **1625 Howard Road #113 Madera, CA. 93637**

Cell #: **559-718-0532**

Alternate #: **559-416-7154**

Fax #: **559-416-7645**

E-Mail: **pfmnc1@gmail.com**

*Photocopy Valid Professional License Here*

**PEST CONTROL ADVISOR <sup>1</sup>**

Advisor's Employer:

Employer Address:

If Written Rec's address is same as above check here

Written Recs are available (Street & City):

**BUSINESS <sup>2</sup>/ FARM LABOR CONTRACTOR <sup>4</sup>**

Location:  Main  Branch  Not Applicable

Name: **Pacific Farm Management Inc.**

License #: **FLC000181922**

Phone #: **559-416-7154**

Address: **1625 Howard Road #113 Madera, CA. 93637**

**Extra Notes:**

If Apprentice Pilot: Name(s) of Journeyman Pilot(s) Registered in County of Providing Supervision <sup>3</sup>

ROW '22 DEC 28  
 DEPT OF AGRICULTURE

Registration Conditions and worker safety information reviewed and received <sup>4</sup>  Yes  No

\_\_\_\_\_  
 Licensee Signature

\_\_\_\_\_  
 Agricultural Commissioner's Signature By

**12/20/12**  
 \_\_\_\_\_  
 Date

**1/6/23**  
 \_\_\_\_\_  
 Date

# License/Business Registration

Santa Cruz County Agricultural Department

(↓ check one ↓)

- Pest Control Business / PCB
- Pest Control Advisor / PCA
- Landscape Maintenance Gardener / LMG
- Farm Labor Contractor / FLC
- Structural Pest Control Business / SPCB
  - Branch 1
  - Branch 2
  - Branch 3
- Pilot Journeyman
- Pilot Apprentice

Registration Year 2023

photocopy  
valid  
professional license / certificate  
here

Fee \$ 2500 Cash  Check N/A (← circle one, make checks payable to "Santa Cruz County Ag")

Name Ahmed Alamari / Qualifying Mgr. Branch Super. (← circle one if SPCB)  
(print name)

Professional license # FLC000181922 (e.g., QAL, PCA, OPR, FR)

Business name Pacific Farm Management Inc. R/M Permit # (if applicable) \_\_\_\_\_  
(print name)

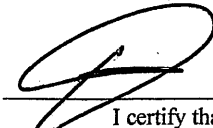
Business license # FLC000181922 / Registration # \_\_\_\_\_ (only for SPCB)

Address 1200 Maple Street # 108 /  Principle Office  Branch Office (← circle one if SPCB)  
Madera, CA. 93637

Telephone ( 559 ) 416 - 7154 Emergency ( 559 ) 664 - 6090

Cell phone ( 559 ) 718 - 0532 Fax ( 559 ) 416 - 7645

E-mail address pfminc1@gmail.com

Licensee signature  date 12/20/22  
I certify that the information provided is TRUE and CORRECT

Ag Dept. signature  date 12/29/22



COUNTY AGRICULTURAL COMMISSIONER

COUNTY FARM LABOR  
CONTRACTOR REGISTRATION

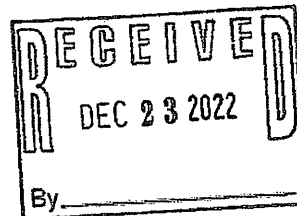
COUNTY AGRICULTURAL COMMISSIONER'S ADDRESS

YOLO COUNTY DEPT  
OF AGRICULTURE  
70 COTTONWOOD ST  
WOODLAND CA 95695

REGISTRATION EXPIRATION DATE <b>12/31/2023</b>		
LICENSE NUMBER (STATE) <b>FLC000181922</b>	DATE RECEIVED <b>11/5/23</b>	FEE - SALES RECEIPT # <b>SR # 44871</b>
CONTRACTOR'S BUSINESS NAME <b>Pacific Farm Management Inc.</b>		TELEPHONE NUMBER <b>559-416-7154</b>
BUSINESS ADDRESS <b>1625 Howard Road # 113</b>		
CITY <b>Madera</b>	STATE <b>CA</b>	ZIP CODE <b>93637</b>
CONTRACTOR'S NAME <b>Ahmed Alamari</b>		TELEPHONE NUMBER <b>559-718-0532</b>
ADDRESS IF DIFFERENT FROM ABOVE <b>1200 Maple Street # 108</b>		E-MAIL ADDRESS:
CITY <b>Madera</b>	STATE <b>CA</b>	ZIP CODE <b>93637</b>
AGRICULTURAL COMMISSIONER'S SIGNATURE <i>[Signature]</i>	REGISTRATION CONDITIONS AND WORKER SAFETY INFORMATION REVIEWED AND RECEIVED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <i>[Signature]</i>		DATE SIGNED/REGISTERED <b>12/20/22</b>

ORIGINAL - COUNTY

COPY - FARM LABOR CONTRACTOR





**CALIFORNIA DEPARTMENT OF PESTICIDE REGULATION**

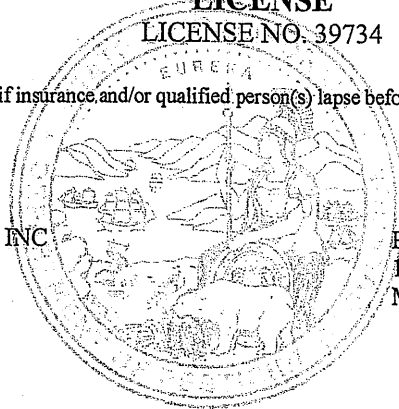
1001 I STREET  
SACRAMENTO, CALIFORNIA 95814

ISSUED: January 01, 2022  
EXPIRES: December 31, 2023

**Pest Control Business - Main  
LICENSE**

LICENSE NO. 39734

Invalid if insurance and/or qualified person(s) lapse before expiration date.



Mailing Address

PACIFIC FARM MANAGEMENT INC  
1625 HOWARD RD #113  
MADERA, CA 93637

Business Location

PACIFIC FARM MANAGEMENT INC  
1200 MAPLE ST 109  
MADERA, CA 93637

POST THIS LICENSE PROMINENTLY IN PUBLIC VIEW  
THIS LICENSE IS NOT TRANSFERABLE - ANY CHANGE IN OWNERSHIP REQUIRES A NEW LICENSE

1. Please make sure the information on your license is correct.
2. Notify us immediately of any changes to your business (e.g., name, address, insurance carrier or qualified person).
3. If you lose your license, then you may request a new one for a \$20 fee.
4. Please refer to the license number located in the middle of the page when contacting us.
5. For more information, please contact us at (916) 445-4038 or at <licenseemail@cdpr.ca.gov>. Or you may write to

**Department of Pesticide Regulation  
Licensing and Certification Program  
P.O. Box 4015  
Sacramento, California 95812-4015**



# Department of Agriculture / Measurement Standards

**JIMMY HOOK**  
Agricultural Commissioner  
Scaler of Weights and Measures

## PEST CONTROL BUSINESS REGISTRATION

PEST CONTROL BUSINESS COUNTY REGISTRATION

STATE OF CALIFORNIA  
DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT AND LICENSING BRANCH

REGISTRATION EXPIRATION DATE: DECEMBER 31, 2023

FOR REGISTRATION IN THE COUNTY OF:  
**KINGS**

BUSINESS LOCATION  
 MAIN  BRANCH

BUSINESS NAME

BUSINESS LICENSE NO.

**Pacific Farm Management Inc**

**39734**

ADDRESS

1625 Howard Road #113

CITY

ZIP CODE

TELEPHONE NUMBER

**Madera**

**93637**

**559-718-0532**

QUALIFIED APPLICATOR'S SIGNATURE

DATE

*Frank [Signature]*

**3-29-23**

No restricted material(s) may be possessed except in accordance with any Attached condition(s). This is not a permit to apply.

Restricted Material(s) Possession Permit No. \_\_\_\_\_

AGRICULTURAL COMMISSIONER'S SIGNATURE

DATE

*Jimmy Hook*

**3/29/23**

OTHER INFORMATION AS NEEDED

MOBILE PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX NO: \_\_\_\_\_

24 HOUR/EMERGENCY CONTACT NAME: \_\_\_\_\_

24 HOUR/EMERGENCY PHONE NO: (\_\_\_\_) \_\_\_\_\_

OFFICIAL USE ONLY	
REGISTRATION FEE RECEIVED \$	<u>50.00</u>
CASH: _____	
CHECK NO: <u>26098</u>	
RECEIPT NO: <u>13181</u>	

# County Registration

## Pest Control Business

Registration Fee: \$ 50-  
 Business Location:  Main  Branch

39734

Business License Number \_\_\_\_\_  
 Business Name Pacific Farm Management Inc  
 Address 1625 Howard Road #113

City Madera Zip Code 93637

Phone 559-416-7154

Qualified Applicator Name Fernando Hurtado

Phone 559-416-7154 Email pfmnc1@gmail.com

Alternate Phone 559-283-6963 Fax 559-416-7645

Qualified Applicator's Signature [Signature] Date 3/29/23

Rusty Lantsberger [Signature] Date 3/29/23

Agricultural Commissioner's Signature \_\_\_\_\_ Date \_\_\_\_\_

For Registration in the County of Madera  
 Registration Expiration Date: December 31, 2023



DEPARTMENT OF PESTICIDE REGULATION  
 LICENSING/CERTIFICATION PROGRAM

**QAL**

QUALIFIED APPLICATOR LICENSE

LICENSE #: **136796** EXPIRES: **12/31/2024**  
 Categories: D Issued: 1/26/2023

**FERNANDO HURTADO**  
 4775 W PROVIDENCE AVE  
 FRESNO, CA 93722



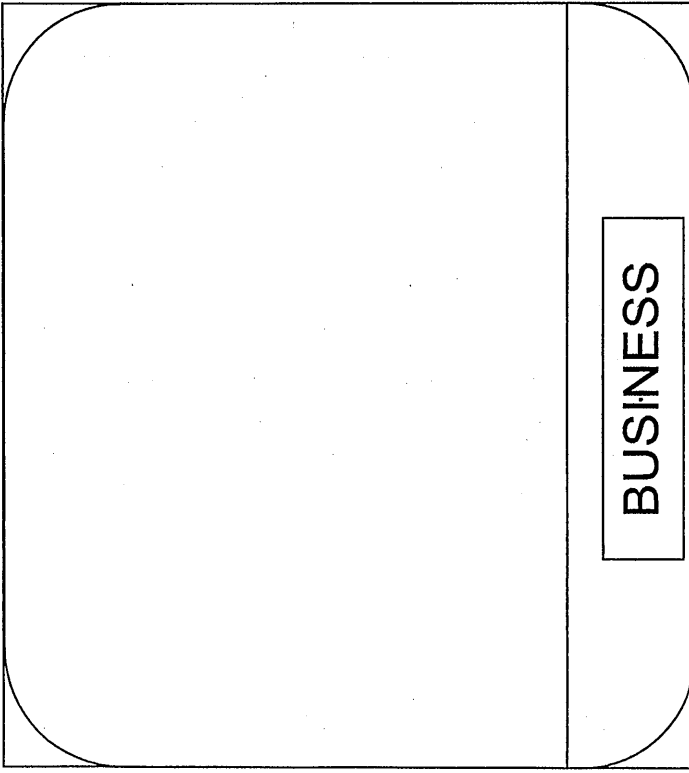
This License must be shown to any representative of the Director of Commissioner upon request.

**BUSINESS**

# County Registration

## Pest Control Business

For Registration in the County of Fresno  
 Registration Expiration Date: **December 31, 20 23**



PAID
CHECK NO. <u>26099</u>
AMOUNT <u>50</u>
DATE <u>3/29/23</u>

Registration Fee: \$ 50  
 Business Location:  Main  Branch

39734

Business License Number 39734  
 Business Name Pacific Farm Management Inc.  
 Address 1625 Howard Road #113  
 City Madera Zip Code 93637  
 Phone 559-416-7154

Qualified Applicator Name Fernando Hurtado  
 Phone 559-416-7154 Email pfmine1@gmail.com  
 Alternate Phone 559-283-6963 Fax 559-416-7645  
 Qualified Applicator's Signature [Signature] Date 3/29/23

Agricultural Commissioner's Signature [Signature] Date 3/29/23

Main Area of Work:  Eastside  Westside  Both  
 (Eastside: area east of HWY 99 / Westside: area west of HWY 99)