



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.

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF LABOR STANDARDS ENFORCEMENT



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.

FLC Verification Number: V-068883

Business Entity: Licensing Specialist

Date & Time of Verification: 08/24/2020 02:05:58

License Number	FLC000181922
Name	Pacific Farm Management, Inc.
DBA	N/A
Address	1200 Maple St #108 Madera CA 93637
License Effective Date	10/09/2020
License Expiration Date	10/08/2021
Workers Comp Insurer	XL Insurance America, Inc
Workers Comp Expiration	04/01/2021
Bond Issuer	Platte River Insurance
Bond Effective Date	09/05/2019
License Status	Approved

ALTERATIONS WILL VOID THIS VERIFICATION

Labor Commissioner

Lilia Garcia-Brower

U.S. Department of Labor
Wage and Hour Division

Farm Labor Contractor Certificate of Registration
No. C-09-200170-421-R
Expires 10/31/2021

Name PACIFIC FARM MANAGEMENT, 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.

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

Approved: Adriana V. Iglesias

Date: 11/01/2020

(Program Manager)
246820

WH-511 (6/96)

Social Security Account No. XXX-XX-1052

Social Security Employer ID No. 46-1200170

Perm. Home Address 13 POINTE WEST

Madera CA 93637

(City or Town) (State) (ZIP Code)

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

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)

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. PACIFIC FARM MANAGEMENT INC	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	
	<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) ▶ _____ 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 not 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.	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
	5 Address (number, street, and apt. or suite no.) See instructions. 1625 HOWARD ROAD #113	Requester's name and address (optional)
6 City, state, and ZIP code MADERA, CA 93637		
7 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 <i>How to get a TIN</i> , later.																																						
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																																						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="9" style="text-align: center;">Social security number</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center;">or</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="9" style="text-align: center;">Employer identification number</th> </tr> <tr> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">6</td> <td style="width: 20px; height: 20px; text-align: center;">-</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">7</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> </tr> </table>	Social security number																		Employer identification number									4	6	-	1	2	0	0	1	7	0
Social security number																																						
Employer identification number																																						
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.	
Sign Here	Signature of U.S. person ▶
	Date ▶ 1/1/2021

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.

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-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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/25/2021

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).

PRODUCER RISI dba Pan American Insurance Services 2800 W. March Lane Suite 420 Stockton CA 95219		CONTACT NAME: Dana Reynolds PHONE (A/C, No, Ext): (209) 955-2600 E-MAIL ADDRESS: dana.reynolds@relationinsurance.com		FAX (A/C, No): (209) 474-0697	
INSURED Pacific Farm Management, Inc. 1625 Howard Rd, Suite 113 Madera CA 93637		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: Zenith Insurance Company			13269
		INSURER B: XL INSURANCE AMERICA, INC.			10480
		INSURER C: Platte River Ins Co			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES CERTIFICATE NUMBER: 21/22 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CFP00025590-02	04/01/2021	04/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			CFP00025590-02	04/01/2021	04/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Fellow employee liability \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			CFP00025590-02	04/01/2021	04/01/2022	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	RWC3001118-05	04/01/2021	04/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Farm Labor Contractor Bond			41427549	09/30/2020	09/30/2021	Limit \$75,000

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

CERTIFICATE HOLDER Division of Labor Standards Enforcement Licensing and Registration Unit 1515 Clay St. Suite 1902 Oakland CA 94612	CANCELLATION 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
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/20/2020

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).

PRODUCER RISI dba Pan American Insurance Services 2800 W. March Lane Suite 420 Stockton CA 95219	CONTACT NAME: Dana Reynolds PHONE (A/C, No, Ext): (209) 955-2600 E-MAIL ADDRESS: dana.reynolds@relationinsurance.com FAX (A/C, No): (209) 474-0697																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Markel American Insurance Company</td> <td>28932</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Markel American Insurance Company	28932	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A:	Markel American Insurance Company	28932																			
INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Pacific Farm Management, Inc. 1625 Howard Rd, Suite 113 Madera CA 93637																					


COVERAGES **CERTIFICATE NUMBER:** 20 **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	
	COMMERCIAL GENERAL LIABILITY <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	\$
	AUTOMOBILE LIABILITY <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						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						COMBINED SINGLE LIMIT (Ea accident)	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
							PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Employment Practices and Third Party Discrimination Liability			MKLM5MML000561	07/28/2020	07/28/2021	Each Claim	\$1,000,000
							Aggregate	\$1,000,000
							Retention	\$ 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 2021**

Madera County
Department of Agriculture
332 South Madera Ave,
Madera, CA 93637



FLC

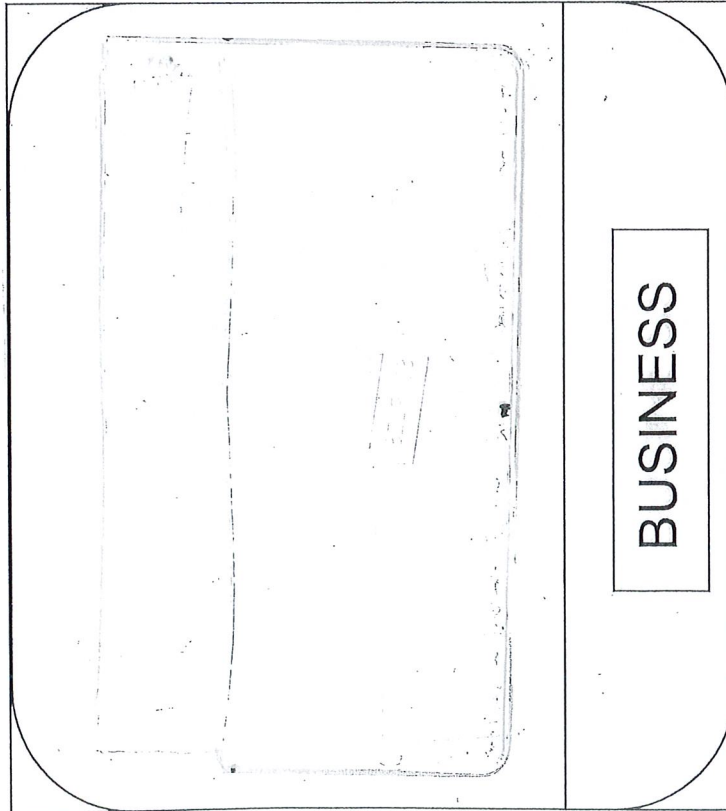
LICENSE NUMBER	REGISTRATION NUMBER	REGISTRATION EXPIRATION DATE	REGISTRATION FEE RECEIVED
FLC000181922	<i>NA</i>	12/31/2021	
BUSINESS NAME/DOING BUSINESS AS (DBA)	TELEPHONE NUMBER	EMAIL/FAX NUMBER	
Pacific Farm Management Inc.	(559) 416-7154		
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
1625 Howard Road #113	Madera	CA	93637
CONTRACTOR'S NAME	TELEPHONE NUMBER	EMAIL/FAX NUMBER	
Ahmed Alamari	(559) 718-0532		
CONTRACTOR'S ADDRESS	CITY	STATE	ZIP CODE
1625 Howard Road #113	Madera	CA	93637
AGRICULTURAL COMMISSIONER'S SIGNATURE	DATE		
<i>Luis Reyes Contreras</i> <i>by [Signature]</i>	12-21-2020		
FARM LABOR CONTRACTOR'S SIGNATURE	DATE		
<i>[Signature]</i>	12/21/20		

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.

County Registration Pest Control Business

For Registration in the County of MADERA

Registration Expiration Date: December 31, 2021



Registration Fee: \$ 50
Business Location: Main Branch

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 Abraham Alamari

Phone 559-718-0532 Email afm-inc1@gmail.com

Alternate Phone 559-517-4399 Fax 559-416-7645

Signature  Date 3/17/21

Mr. Rusty Kantsberger
Agricultural Commissioner's Signature By  Date 3-17-2021

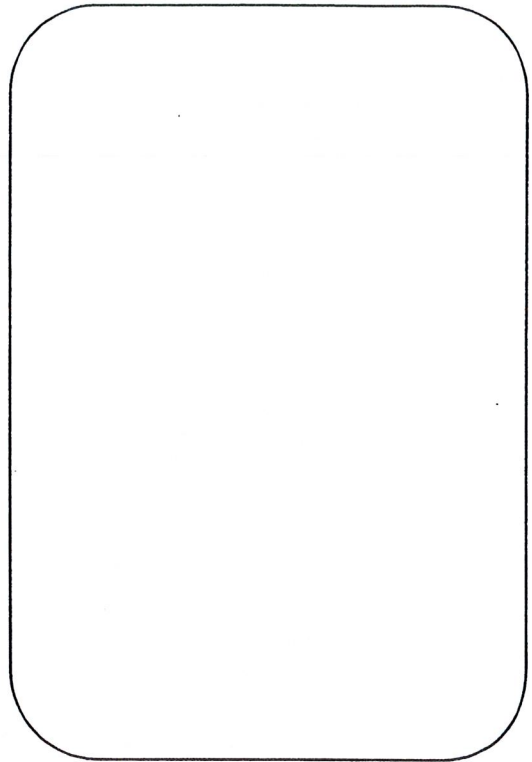
CHECK NO. 14514
 AMOUNT 25-
 DATE 12-22-2020



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

FARM LABOR CONTRACTOR REGISTRATION

LICENSE NUMBER FIC000181922 REGISTRATION EXPIRATION DATE 12-31-2021 REGISTRATION FEE RECEIVED 25-
 BUSINESS NAME/DOING BUSINESS AS (DBA) Pacific Farm Management Inc TELEPHONE NUMBER (559) 416-7157 EMAIL/FAX NUMBER dfmine1egmail.com / 559-416-7645
 BUSINESS ADDRESS 1625 Howard Rd #113 CITY Madera STATE CA ZIP CODE 93637
 CONTRACTOR'S NAME Ahmed Alaman EMAIL/FAX NUMBER _____
 CONTRACTOR'S ADDRESS 1625 Howard Rd #113 CITY Madera STATE CA ZIP CODE 93637



AGRICULTURAL COMMISSIONER'S SIGNATURE _____ DATE 12-22-2020

INITIAL 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.

INITIAL AA
 FARM LABOR CONTRACTOR'S SIGNATURE _____ DATE 12/21/20

COUNTY AGRICULTURAL COMMISSIONER
 COUNTY FARM LABOR
 CONTRACTOR REGISTRATION



MERCED COUNTY
 DEPARTMENT OF AGRICULTURE
 2139 WARDROBE AVENUE
 MERCED, CA 95341

Phone (209) 385-7431 Fax (209) 725-3910

REGISTRATION EXPIRATION DATE *		12/31/2021	
LICENSE NUMBER	REGISTRATION NUMBER (Office Only)	REGISTRATION FEE RECEIVED	
FLC000181922	21-52-FLC	\$20	ck # 4515
CONTRACTORS BUSINESS NAME			
Pacific Farm Management Inc.			
CITY	STATE	TELEPHONE NUMBER	
Madera	CA	(559) 416-7154	
CONTRACTOR'S NAME		ZIP CODE	
Ahmed Alamari		93637	
ADDRESS			
1625 Howard Road #113			
CITY	STATE	TELEPHONE NUMBER	
Madera	CA	(559) 718-0532	
AGRICULTURAL COMMISSIONER'S SIGNATURE		ZIP CODE	
David Robinson by		93637	
REGISTRATION CONDITIONS AND WORKER SAFETY INFORMATION REVIEWED AND RECEIVED			
<input checked="" 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 / 21 / 20

* Registration is no longer valid when Farm Labor Contractor License has expired



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

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

2021 Registration

OFFICE USE ONLY	
Reg No:	181922
Reg Date:	11/21
Reg Exp Date:	12/31/21
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:	10/8/21
Mailing Address	1625 HOWARD RD #113		
City	MADERA	State	CA Zip 93637
Primary Phone	(559) 416-7154	Alternate Phone	
Cell Phone	(559) 718-0532	Fax 1	(559) 416-7645
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.

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

Registrant Print Name: Ahmed Alamari
 Registrant Signature: [Signature]
 Registrant Title: CEO
 Date: 10/13/20
 Tom Tucker,
 Agricultural Commissioner, By: [Signature]
 Date: 10/14/2020



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/ 2021

Farm Labor Contractor License No. FLC000181922
Pacific Farm Management Inc.

559-416-7154

Contractor's Business Name:			Telephone No.
<u>1625 Howard Road #113</u>	<u>Madera</u>	<u>CA</u>	<u>93637</u>
Business Mailing Address Street	City	State	Zip Code
<u>1200 Maple Street #108</u>	<u>Madera</u>	<u>CA</u>	<u>93637</u>
Physical Address	City	State	Zip Code
<u>pfminc1@gmail.com</u>			
Email Address			

Agent's First and Last Name:			Telephone No.
<u>Ahmed Alamari</u>			<u>559-718-0532</u>
Street Address:	City	State	Zip Code
<u>1200 Maple Street #108</u>	<u>Madera</u>	<u>CA</u>	<u>93637</u>

[Signature] 12/22/20
 Agricultural Commissioner's Signature Date

Registration conditions and Worker Safety Information reviewed and received?
 YES 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] 12/21/20
 Farm Labor Contractor's Signature Date Signed and Registered



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

BUSINESS/LICENSE REGISTRATION

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

For Registration in County of: Stanislaus

Type of Registration:	In	Out
Pest Control Advisor ¹	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$5.00
Pilot Apprentice ^{2,3}	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$5.00
Pilot Journeyman ²	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$5.00
Pest Control Business ²		<input checked="" type="checkbox"/> \$50.00
Maintenance Gardener ²		<input type="checkbox"/> \$25.00
Farm Labor Contractor ^{2,4}		<input checked="" type="checkbox"/> \$25.00
<input checked="" type="checkbox"/> Check#: <u>14517</u>	<input type="checkbox"/> Cash	Fee: \$75

Registration Expiration Date: December 31, 2021 (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: pfminc1@gmail.com

Photocopy Valid Professional License Here

PEST CONTROL ADVISOR ¹

BUSINESS ² / FARM LABOR CONTRACTOR ⁴

Advisor's Employer:
 Employer Address:
 If Written Rec's address is same as above check here
 Written Recs are available (Street & City):

Location: Main Branch Not Applicable
 Name: Pacific Farm Management Inc.
 License #: FLC000181922
 Phone #: (559) 416-7154
 Address:
1625 Howard Rd # 113 Madera, CA 93637

Extra Notes:

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

Registration Conditions and worker safety information reviewed and received ⁴

Yes No

Licensee Signature

12/21/20
 Date

James Cameron
 Agricultural Commissioner's Signature By

12/20/20
 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 · agcomm@kerncounty.com

COUNTY AGRICULTURAL COMMISSIONER
COUNTY FARM LABOR CONTRACTOR REGISTRATION

PLEASE PRINT

Registration Expiration Date 12/31/2021

License No. FLC000181922 Registration No. 15-000098 Fee & Receipt # 25.00
420367 SE

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

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

1200 Maple St. Ste 108 Physical Address Madera City CA State 93637 Zip Code

Email Address

Ahmed Alamari Contractor's Name: (SSA) 718-0532 Telephone No.

1625 Howard Rd #113 Street Address: Madera City CA State 93637 Zip Code

Email Address

Agricultural Commissioner's Signature

Registration conditions and Worker Safety Information reviewed and received?
[X] YES [] NO
mailed

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

12/21/20 Date Signed and Registered

County Agricultural Commissioner
County Farm Labor
Contractor Registration

Registration Expiration Date: 12/31/2021

License Number: FLC000181922 Registration Number: _____ Registration Fee Received: \$25

Contractor's Business Name: Pacific Farm Management Inc. Telephone Number: (559) 416-47154

Business Address: 1625 Howard Road #113

City: Madera State: CA Zip: 93637

Contractor's Name: Ahmed Alamari

Address: 1625 Howard Road #113

City: Madera State: CA Zip: 93637

Agricultural Commissioner's Signature: CT for Matt Slattergren

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.


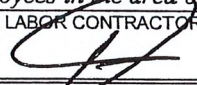
Farm Labor Contractor's Signature: [Signature] Date Registered: 12/21/20

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
 12/31/2021

LICENSE NUMBER FLC000181922		REGISTRATION NUMBER 27-21-181922	REGISTRATION FEE RECEIVED 25 ⁰⁰
CONTRACTOR'S BUSINESS NAME Pacific Farm Management Inc		TELEPHONE NUMBER (559) 416-7154	
BUSINESS ADDRESS 1625 Howard Road #113			
CITY Madera	STATE CA	ZIP CODE 93637	
CONTRACTOR'S NAME Ahmed Alamari		TELEPHONE NUMBER (559) 718-0532	
ADDRESS 1625 Howard Road # 113			
CITY Madera	STATE CA	ZIP CODE 93637	
AGRICULTURAL COMMISSIONER'S SIGNATURE 	REGISTRATION CONDITIONS AND WORKER SAFETY INFORMATION REVIEWED AND RECEIVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<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 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 12/21/20	

Distribution: Original - County Copy - Farm Labor Contractor



17977



COUNTY OF SAN BENITO

AGRICULTURAL COMMISSIONER and SEALER OF WEIGHTS & MEASURES

3224 Southside Road, 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

Karen Overstreet
Agricultural Commissioner
San Benito County
3224 Southside Road
Hollister, CA 95023

REGISTRATION EXPIRATION DATE
12/31/2021

LICENSE NUMBER FLC000181922	REGISTRATION NUMBER PA-35-165	REGISTRATION FEE RECEIVED \$25.00
--------------------------------	----------------------------------	--------------------------------------

CONTRACTOR'S BUSINESS NAME Pacific Farm Management Inc.	TELEPHONE NUMBER (559) 416-7154
--	------------------------------------

BUSINESS ADDRESS
1625 Howard Rd #113

CITY Madera	STATE CA	ZIP CODE 93637
----------------	-------------	-------------------

CONTRACTOR'S NAME Ahmed Alamari	TELEPHONE NUMBER
------------------------------------	------------------

ADDRESS
1625 Howard Rd #113

CITY Madera	STATE CA	ZIP CODE 93637
----------------	-------------	-------------------

AGRICULTURAL COMMISSIONER'S SIGNATURE <i>[Signature]</i>	REGISTRATION CONDITIONS & WORKER SAFETY INFORMATION REVIEWED & RECEIVED <input checked="" 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 <i>[Signature]</i>	DATE SIGNED/REGISTERED 12/21/20
---	------------------------------------

Distribution: Original-County Copy-Farm Labor Contractor

PAID Receipt #2491

Please attach:

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

COUNTY AGRICULTURAL COMMISSIONER
 COUNTY FARM LABOR
 CONTRACTOR REGISTRATION

COUNTY AGRICULTURAL COMMISSIONER ADDRESS

SISKIYOU COUNTY
 DEPARTMENT OF AGRICULTURE
 525 SOUTH FOOTHILL DRIVE
 YREKA, CA 96097

REGISTRATION EXPIRATION DATE

12/31/2021

LICENSE NUMBER FLC000181922	REGISTRATION NUMBER 47-21-1	REGISTRATION FEE RECEIVED \$ 25.00
--------------------------------	--------------------------------	---------------------------------------

CONTRACTOR'S BUSINESS NAME Pacific Farm Management Inc.	TELEPHONE NUMBER (530) 416 7154
--	------------------------------------

BUSINESS ADDRESS
1625 Howard Rd #113

CITY Madera	STATE CA	ZIP CODE 93637
----------------	-------------	-------------------

CONTRACTOR'S NAME Ahmed Alamari	TELEPHONE NUMBER
------------------------------------	------------------

ADDRESS
1625 Howard Rd #113

CITY Madera	STATE CA	ZIP CODE 93637
----------------	-------------	-------------------

AGRICULTURAL COMMISSIONER'S SIGNATURE Carolyn Gorden for James C. Smith	REGISTRATION CONDITIONS AND WORKER SAFETY INFORMATION REVIEWED AND RECEIVED <input checked="" 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 [Signature]	DATE SIGNED/REGISTERED 12/21/20
--	------------------------------------

Distribution: Original — County Copy — Farm Labor Contractor

DATE	RECEIVED FROM	DESCRIPTION	AMOUNT
12/30/20	Pacific Farm Mgmt (Ahmed Alamari)	For Ahmed Alamari 1625 Farm Labor Cont.	26.00

653156

SISKIYOU COUNTY

OFFICIAL RECEIPT

DEPARTMENT OF Agriculture

NATURE OF PAYMENT

[Signature]
 SIGNATURE
 COUNTY OF SISKIYOU

RECEIVED
 DEC 29 2020
 Siskiyou County
 Department of Agriculture

RECEIVED

DEC 23 2020

MHV 1/15/21

AGR. COMM. - STOCKTON

SAN JOAQUIN COUNTY
Greatness grows here.

OFFICE OF THE
AGRICULTURAL
COMMISSIONER/SEALER

TIM PELICAN
Agricultural Commissioner
Sealer of Weights & Measures
KAMAL BAGRI
Asst. Agricultural Commissioner
Asst. Sealer of Weights and Measures

License Number: FLC- 000181922		Registration Expiration Date: December 31, 2021	
Issued Registration Number: 39-21- S-052		Registration Fee Received: 35.00	
Contractor's Business Name: Pacific Farm Management Inc.		<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Check # 14519 <input type="checkbox"/> Other	
Business Phone Number: 559-416-7154		Email Address: pfminc1@gmail.com	
Business Address: 1625 Howard Road #113			
City: Madera	State: CA	Zip Code: 93637	
Contractor's Name: Ahmed Alamari		Contractor's Phone Number: 559-416-7154	
Address: 1200 Maple Street #108			
City: Madera	State: CA	Zip Code: 93637	
Agricultural Commissioner Representative's Signature: <i>Elena Perez Razon</i> (Elena Perez Razon) For Tim Pelican		Registration Conditions and Worker Safety Information Reviewed and Received by San Joaquin County? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," reviewed county _____	
<i>I certify the above information is correct and that I have received the conditions for registration as a Farm Labor Contractor from the San Joaquin County Department of Agriculture, 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: 12 / 21 / 20	

71893

Distribution: Original - County Copy-Farm Labor Contractor

MAIN OFFICE
2101 E. Earhart Avenue, Suite 100
Stockton, California 95206
P: 209-953-6000 F: 209-953-6022


LODI OFFICE
10 W. Locust St.
Lodi, California 95240
P: 209-331-7287 F: 209-331-7288

SIMMS STATION
17620 E. Hwy. 120
Ripon, California 95366
P: 209-468-5542 F: 209-468-5544

1/27/21

**SO COUNTY AGRICULTURAL COMMISSIONER COUNTY
ABOR CONTRACTOR REGISTRATION**

Mailing Address:
Solano County Dept. of Agriculture
675 Texas St.
Fairfield, CA 94533

REGISTRATION EXPIRATION DATE <i>12/31/2021</i>		REGISTRATION FEE RECEIVED \$72.000	
LICENSE NUMBER <i>FLC000181922</i>		REGISTRATION NUMBER	
CONTRACTOR'S BUSINESS NAME <i>Pacific Farm Management Inc.</i>		TELEPHONE NUMBER <i>(559) 416 7154</i>	
BUSINESS ADDRESS <i>1625 Howard Rd # 113</i>		EMAIL ADDRESS	
CITY <i>Madera</i>	STATE <i>CA</i>	ZIP CODE <i>93637</i>	
CONTRACTOR'S NAME <i>Ahmed Alaman</i>		TELEPHONE NUMBER <i>(559) 718 0532</i>	
ADDRESS <i>1625 Howard Rd # 113</i>			
CITY <i>Madera</i>	STATE <i>CA</i>	ZIP CODE <i>93637</i>	
Agricultural Commissioner's Office <i>Alexa Schwabence (1661/10/2020) for Ed King 1/6/2021</i>	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 <i>12/28/20</i>	

Place your FLC card in this space and make a copy of this form. Mail this form and the appropriate registration fee to the address above.

REGISTRATION FEE RECEIVED: \$72.00
Make Check or Money Order payable to:
SOLANO COUNTY DEPT. OF AGRICULTURE

Our office also accepts Credit Card payments at the front counter for your convenience.

COPY OF FEDERAL CARD HERE (ORANGE CARD)

RECEIVED
DEC 31 2020
Solano County
Agriculture Department

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 2021

photocopy
valid
professional license / certificate
here

Fee \$ 25 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)

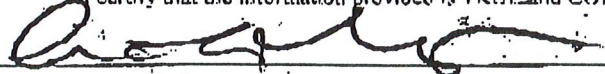
Address 1625 Howard Road #113 / Principle Office Branch Office (← circle one if SPCB)
Madera, CA 93637

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

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

E-mail address pfm1@gmail.com

Licensee signature  date 12/21/20
certify that the information provided is TRUE and CORRECT

Ag Dept. signature  date 1/5/21



CALIFORNIA DEPARTMENT OF PESTICIDE REGULATION

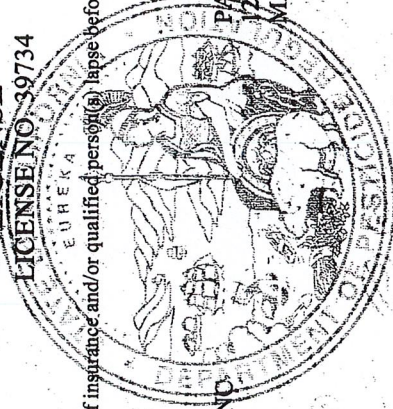
1001 I STREET
SACRAMENTO, CALIFORNIA 95814

ISSUED: January 01, 2020
EXPIRES: December 31, 2021

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
7200 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 <license@mail@cdpr.ca.gov>. Or you may write to

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