



# 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  
*12-31-2024*

LICENSE NUMBER 000748828	REGISTRATION NUMBER <i>FL-35-310</i>	REGISTRATION FEE RECEIVED <b>\$25.00</b>
CONTRACTOR'S BUSINESS NAME Paragon Personnel		TELEPHONE NUMBER 559-739-1335
BUSINESS ADDRESS 3908 W. Caldwell Ave.		
CITY Visalia	STATE CA	ZIP CODE 93277
CONTRACTOR'S NAME Santiago Martin Jr.		TELEPHONE NUMBER 661-345-8030
ADDRESS 3908 W. Caldwell Ave.		
CITY Visalia	STATE CA	ZIP CODE 93277
AGRICULTURAL COMMISSIONER'S SIGNATURE <i>By: Tony Tapia</i>	REGISTRATION CONDITIONS & WORKER SAFETY INFORMATION REVIEWED & RECEIVED <input type="checkbox"/> YES <input checked="" 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 <i>11/15/2020</i>
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Distribution: 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.

*Smartin@trilogypfm.com*

**PAID**  
 DEC 07 2023  
 By *[Signature]* CK #54204  
 \$25.00

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:  
FLC-LR-1000748828

## 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 <b>1/26/2024</b>	Expiration Date <b>2/22/2024</b>
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**Business Name:**  
PARAGON PERSONNEL  
DBA

Self Insured

**Main Office:**  
3916 W. Caldwell Avenue  
Visalia, CA 93277

Bond Issuer: Platte River Insurance Company  
Bond Effective Date: May 6, 2021

ALTERATIONS WILL VOID THIS VERIFICATION

LABOR COMMISSIONER