



COLORADO
Department of Agriculture

Agricultural Employer Services

Contact person _____ Business county address: _____
 Telephone number: _____ Business Name _____
 Email: _____

Please type an “X” next to the service you would like to receive more information about

Employee Services Orientation		H2A Guidance	
Agricultural Labor Rights and Responsibilities Act Guidance		Wage/Break Calculator	
Worker Protection Standard Pesticide Guidance		New American Resource Guide	
Work Opportunity Tax Credit		Bonding program	
Medicaid/Food Stamps/Public Assistance		Employment Job Orders	
Department of Agriculture Programs/Services		Mandatory Posters	
Produce Safety Program Guidance		Agricultural Loans	
Farm Labor Contractor Licensing requirements		Inspections on Scales, Custom Meats, Eggs, Feed and Fertilizer	
Internships		Hand Weeding Variance Program	
Mobile Health Services		Any other assistance please write in below:	

I _____ authorize the Colorado Department of Agriculture to release this referral form to partner agencies (Colorado Department of Education, Department of Regulatory Agencies, Department of Human Services, Department of Labor & Employment, Social Security Administration, Community Health Institutes, Department of Higher Education) and to contact me regarding the services requested above via phone and/or email.

Please return to Aldo Parra at aldo.parra@state.co.us or text picture of this form to 720-795-3669 in order to process your request.