

PEST CONTROL ADVISER COUNTY REGISTRATION

STATE OF CALIFORNIA

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH



REGISTRATION EXPIRATION DATE: DECEMBER 31, _____

FOR REGISTRATION IN COUNTY OF: _____

ADVISER'S EMPLOYER

ADDRESS

CITY:

ZIP CODE:

TELEPHONE NUMBER:

EMAIL ADDRESS:

ADVISER'S SIGNATURE:

DATE:

WRITTEN RECOMMENDATIONS ARE AVAILABLE AT (CITY & STREET):

AGRICULTURAL COMMISSIONER'S SIGNATURE:

DATE:

PEST CONTROL ADVISER \$10.00

PEST CONTROL ADVISER
OUT OF COUNTY \$5.00

(Shows proof of registration from another County)

REGISTRATION FEE RECEIVED \$ _____

OTHER INFORMATION AS NEEDED

LICENSEE INFORMATION:

Emergency Contract Phone No _____

EMPLOYER:

Street Address: _____

City: _____ Zip Code : _____

Telephone: _____

ATTACH CARD COPY HERE

FOR OFFICE USE ONLY

By: _____

Check No: _____

Date Received: _____

Receipt No: _____