

PEST CONTROL AIRCRAFT PILOT COUNTY REGISTRATION

STATE OF CALIFORNIA

DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH



REGISTRATION EXPIRATION DATE: DECEMBER 31, _____

FOR REGISTRATION IN COUNTY OF: _____

ADDRESS _____

CITY: _____

ZIP CODE: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

IF APPRENTICE PILOT: NAME(S) IF JOURNEYMAN PILOT(S) REGISTERED IN COUNTY PROVIDING SUPERVISION _____

PILOT'S SIGNATURE: _____

DATE: _____

AGRICULTURAL COMMISSIONER'S SIGNATURE: _____

DATE: _____

REGISTRATION FEE RECEIVED \$ _____

ATTACH CARD COPY HERE

OTHER INFORMATION AS NEEDED

LICENSEE INFORMATION:

Emergency Contract Phone No _____

EMPLOYER:

Street Address: _____

City: _____ Zip Code : _____

Telephone: _____

VALID MEDICAL CERTIFICATE:

(FOR PILOTS ONLY)

YES

NO

FOR OFFICE USE ONLY

By: _____

Check No: _____

Date Received: _____

Receipt No: _____