PEST CONTROL BUSINESS COUNTY REGISTRATION

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH

Ventura County AGRICULTURAL Commissioner
Serving Ventura County Since 1895

REGISTRATION EXPIRATION DATE: DECEMBER 31,_____

FOR REGISTRATION IN COUNTY OF:

BUSINESS LOCATION: MAIN ☐ BRANCH ☐

I need a user Name & Password ☐

BUSINESS NAME:

BUSINESS LICENSE NO:

ADDRESS

CITY: **ZIP CODE:**

TELEPHONE NUMBER:

EMAIL ADDRESS:

PEST CONTROL BUSINESS $75.00 ☐

MAINTENANCE GARDENER $25.00 ☐
PEST CONTROL BUSINESS

QUALIFIED APPLICATOR'S SIGNATURE: **DATE:**

Restricted Material(s) Possesion Permit No._____ **condition(s) Attached**

No restricted material may be possessed except in accordance with any attached condition(s). This is not a permit to apply. YES ☐ NO ☐

REGISTRATION FEE RECEIVED $ _____

AGRICULTURAL COMMISSIONER'S SIGNATURE: **DATE:**

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:** _____