

PEST CONTROL BUSINESS COUNTY REGISTRATION

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



COUNTY of VENTURA



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:

QUALIFIED APPLICATOR'S SIGNATURE:

DATE:

Restricted Material(s) Possession 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

AGRICULTURAL COMMISSIONER'S SIGNATURE:

DATE:

PEST CONTROL BUSINESS \$75.00

MAINTENANCE GARDENER \$25.00

PEST CONTROL BUSINESS

REGISTRATION FEE RECEIVED \$ _____

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

ATTACH CARD COPY HERE

FOR OFFICE USE ONLY
By: _____

Check No: _____

Date Received: _____

Receipt No: _____