

PEST CONTROL AIRCRAFT PILOT 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:

ADDRESS:

CITY:

ZIP CODE:

TELEPHONE NUMBER:

EMAIL ADDRESS:

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

PILOTS SIGNATURE:

DATE:

AGRICULTURAL COMMISSIONER'S SIGNATURE:

DATE:

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: _____