

AGRICULTURAL PEST CONTROL ADVISER COUNTY REGISTRATION

PR-PML-091 (REV. 3/02)

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

	REGISTRATION EXPIRATION DATE DECEMBER 31, _____ (YEAR)		
	FOR REGISTRATION IN COUNTY OF: _____		
	ADVISER'S EMPLOYER _____		
	ADDRESS _____		
REGISTRATION FEE RECEIVED \$ _____	CITY	ZIP CODE	TELEPHONE NUMBER
	ADVISER'S SIGNATURE _____		DATE _____
	WRITTEN RECOMMENDATIONS ARE AVAILABLE AT (CITY & STREET) _____		
	AGRICULTURAL COMMISSIONER'S SIGNATURE _____		DATE _____
IMPRINTING COUNTY'S OFFICIAL SEAL			

Card copy here

OTHER INFORMATION NEEDED

Licensee Information:

Emergency Contact Phone No.:

Employer:

Street Address

City

Zip Code

Telephone

Valid Medical Certificate?
(for pilots only)

Yes

No