

PEST CONTROL BUSINESS COUNTY REGISTRATION

PR-PML-059 (REV. 3/02)

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

(YEAR)

REGISTRATION EXPIRATION DATE: DECEMBER 31, _____

FOR REGISTRATION IN COUNTY OF: _____

BUSINESS LOCATION

MAIN BRANCH

BUSINESS NAME _____

BUSINESS LICENSE NO. _____

ADDRESS _____

CARD IMPRINT AREA
(ATTACH COPY OF PEST CONTROL BUSINESS LICENSE)

REGISTRATION FEE RECEIVED \$ _____

CITY _____

ZIP CODE _____

TELEPHONE NUMBER _____

QUALIFIED APPLICATOR'S SIGNATURE _____

DATE _____

Restricted Material(s) Possession Permit No. _____

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

CONDITION(S) ATTACHED

YES NO

AGRICULTURAL COMMISSIONER'S SIGNATURE _____

DATE _____

IMPRINTING COUNTY'S OFFICIAL SEAL

Distribution: Yellow - Pest Control Business White Cardstock - CAC

Card copy here

OTHER INFORMATION AS NEEDED

Licensee Information:

Emergency Contact Phone No.:

Employer:

Street Address

City

Zip Code

Telephone

Valid Medical Certificate?
(for pilots only)

Yes

No