

AGRICULTURAL PEST CONTROL ADVISER COUNTY REGISTRATION

PR-PML-091 (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: _____		
	ADVISER'S EMPLOYER _____		
	ADDRESS _____		
REGISTRATION FEE RECEIVED \$ _____	CITY _____	ZIP CODE _____	TELEPHONE NUMBER _____
	ADVISER'S SIGNATURE _____		DATE _____
	WRITTEN RECOMMENDATIONS ARE AVAILABLE AT (CITY & STREET) _____		
IMPRINTING COUNTY'S OFFICIAL SEAL	AGRICULTURAL COMMISSIONER'S SIGNATURE _____		DATE _____

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