

PEST CONTROL BUSINESS COUNTY REGISTRATION

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



REGISTRATION EXPIRATION DATE: DECEMBER 31, _____

FOR REGISTRATION IN COUNTY OF: _____	BUSINESS LOCATION: MAIN <input type="checkbox"/> BRANCH <input type="checkbox"/>
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I need a User Name & Password

BUSINESS NAME: _____	BUSINESS LICENSE NO: _____
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ADDRESS: _____

CITY: _____	ZIP CODE: _____
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TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

QUALIFIED APPLICATOR'S SIGNATURE: _____	DATE: _____
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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: _____
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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: _____



**Agricultural Commissioner
Korinne M. Bell**

Camarillo: 555 Airport Way, Suite E - (805) 388-4222
 Santa Paula: 815 E. Santa Barbara Street
 P.O. Box 889, Santa Paula, CA 93060
 (805) 933-2926

**APPLICATION FOR PEST CONTROL: EQUIPMENT REGISTRATION
 FOR CALENDAR YEAR ENDING DECEMBER 31, _____**

DBA/NAME: _____ **PHONE:** _____

PESTS TO BE CONTROLLED: () VERTEBRATE () WEEDS () AQUATIC () INSECTS () OTHER _____

LIST BELOW ALL EQUIPMENT TO BE USED IN THIS COUNTY e.g., FIXED WING, HELICOPTER, TRUCK, POWER DUSTER
 BACK PACK, POLY TANK, etc.

MANUFACTURER	EQUIPMENT TYPE	LIC # or "N" #	AIR or GROUND	OTHER I.D.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

I HEREBY CERTIFY THAT MY EQUIPMENT IS PROPERLY MARKED ACCORDING TO 3CCR §6630 AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE : _____ **DATE:** _____