

# PEST CONTROL AIRCRAFT PILOT COUNTY REGISTRATION

STATE OF CALIFORNIA

DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT AND LICENSING BRANCH



**COUNTY of VENTURA**  
Agriculture/Weights & Measures

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 \_\_\_\_\_

PILOT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

AGRICULTURAL COMMISSIONER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

REGISTRATION FEE RECEIVED \$ \_\_\_\_\_

ATTACH 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

#### FOR OFFICE USE ONLY

By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Check No: \_\_\_\_\_

Receipt No: \_\_\_\_\_