

# PEST CONTROL ADVISER 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: \_\_\_\_\_

**ADVISER'S EMPLOYER**

**ADDRESS**

**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**TELEPHONE NUMBER:**

**EMAIL ADDRESS:**

**ADVISER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WRITTEN RECOMMENDATIONS ARE AVAILABLE AT (CITY & STREET):**

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

PEST CONTROL ADVISER \$10.00

PEST CONTROL ADVISER  
OUT OF COUNTY \$5.00

(Shows proof of registration from another County)

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

## OTHER INFORMATION AS NEEDED

**LICENSEE INFORMATION:**

Emergency Contact Phone No \_\_\_\_\_

**EMPLOYER:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code : \_\_\_\_\_

Telephone: \_\_\_\_\_

**ATTACH CARD COPY HERE**

**FOR OFFICE USE ONLY**

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

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

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

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