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: BRANCH MAIN I need a User Name & Password **BUSINESS LICENSE NO: BUSINESS NAME:** ADDRESS: CITY: ZIP CODE: COUNTY of VENTURA Agriculture/Weights & Measures TELEPHONE NUMBER: **EMAIL ADDRESS:** PEST CONTROL BUSINESS \$75.00 QUALIFIED APPLICATOR'S SIGNATURE: DATE: MAINTENANCE GARDENER \$25.00 Restricted Material(s) Possession Permit No. condition(s) Attached PEST CONTROL BUSINESS No restricted material may be possessed except in accordance with any attached condition(s). This is not a permit to apply. AGRICULTURAL COMMISSIONER'S SIGNATURE: DATE: REGISTRATION FEE RECEIVED \$_____ OTHER INFORMATION AS NEEDED LICENSEE INFORMATION: Emergency Contact Phone No_____ **EMPLOYER:** Street Address: ATTACH CARD COPY HERE City: _____ Zip Code:_____

 By: _____
 Check No: _____

 Date Received: _____
 Receipt No: ______

(FOR PILOTS ONLY)

VALID MEDICAL CERTIFICATE:

Telephone: _____



County Sealer John Beall

Chief Deputy Greta Varien

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

DBA/NAME:			PHONE:	
STS TO BE CONTROLLED: () VERTEBRATE () WEEDS () AQUATIC () INSECTS () OTHER				
ST DELOW/ ALL EQUIDME	INT TO BE LISED IN THIS COL	INTV o a FIVED WING L	HELICOPTER, TRUCK, POWER	DUSTED
ACK PACK, POLY TANK, e		JNTT e.g., FIXED WING, F	ielicopien, Inoch, Powen	DOSTER
MANUFACTURER	EQUIPMENT TYPE	LIC # or "N" #	AIR or GROUND	OTHER I.D.
I HERE BY CERTIFY THAT MY		RKED ACCORDING TO 3CCR (§6630 AND THAT THE INFORMAT	ION CONTAINED IN THIS
GNATURE :				