

PEST CONTROL BUSINESS COUNTY REGISTRATION

PR-PML-059 (REV. 3/02)

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

(ATTACH COPY OF PEST CONTROL BUSINESS LICENSE) REGISTRATION FEE RECEIVED \$ _____ IMPRINTING COUNTY'S OFFICIAL SEAL	(YEAR)		
	REGISTRATION EXPIRATION DATE DECEMBER 31, _____		
	FOR REGISTRATION IN COUNTY OF: _____		
	BUSINESS NAME _____		
ADDRESS _____			
CITY	ZIP CODE	TELEPHONE NUMBER	
QUALIFIED APPLICATOR'S SIGNATURE _____			DATE _____
Restricted Material(s) Possession Permit No. _____ No restricted material may be possessed except in accordance with any attached condition(s). This is not a permit to apply.			CONDITIONS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
AGRICULTURAL COMMISSIONER'S SIGNATURE _____			DATE _____

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