

# AGRICULTURAL PEST CONTROL PILOT COUNTY REGISTRATION

PR-PML-009 (REV. 9/00)

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

|                                                                                                                                                                                                                        |                                                                                                      |   |                        |    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---|------------------------|----|--|
|                                                                                                                                                                                                                        | (YEAR)                                                                                               |   |                        |    |  |
|                                                                                                                                                                                                                        | REGISTRATION EXPIRATION DATE DECEMBER 31, _____                                                      |   |                        |    |  |
|                                                                                                                                                                                                                        | FOR REGISTRATION IN COUNTY OF: _____                                                                 |   |                        |    |  |
|                                                                                                                                                                                                                        | ADDRESS _____                                                                                        |   |                        |    |  |
| <table border="1" style="margin: auto;"> <tr> <td>APPRENTICE CERTIFICATE</td> <td style="text-align: center;">X</td> </tr> <tr> <td>JOURNEYMAN CERTIFICATE</td> <td style="text-align: center;">XX</td> </tr> </table> | APPRENTICE CERTIFICATE                                                                               | X | JOURNEYMAN CERTIFICATE | XX |  |
| APPRENTICE CERTIFICATE                                                                                                                                                                                                 | X                                                                                                    |   |                        |    |  |
| JOURNEYMAN CERTIFICATE                                                                                                                                                                                                 | XX                                                                                                   |   |                        |    |  |
|                                                                                                                                                                                                                        | CITY _____ ZIP CODE _____ TELEPHONE NUMBER _____                                                     |   |                        |    |  |
| REGISTRATION FEE RECEIVED \$ _____                                                                                                                                                                                     | IF APPRENTICE PILOT- NAME(S) OF JOURNEYMAN PILOT(S) REGISTERED IN COUNTY PROVIDING SUPERVISION _____ |   |                        |    |  |
|                                                                                                                                                                                                                        | PILOT'S SIGNATURE _____ DATE _____                                                                   |   |                        |    |  |
| IMPRINTING COUNTY'S OFFICIAL STAMP                                                                                                                                                                                     | 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