

AGRICULTURAL PEST CONTROL ADVISER  
COUNTY REGISTRATION

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

REGISTRATION EXPIRATION DATE: DECEMBER 31, \_\_\_\_\_

FOR REGISTRATION IN COUNTY OF: \_\_\_\_\_

NAME:

ADDRESS:

CITY:

ZIP CODE:

TELEPHONE NUMBER:

ADVISER'S EMPLOYER:

ADDRESS:

CITY:

ZIP CODE:

TELEPHONE NUMBER:

WRITTEN RECOMMENDATIONS ARE AVAILABLE AT (CITY & STREET)

ADVISOR'S SIGNATURE

REGISTRATION CARD

ADDITIONAL INFORMATION/COMMENTS

ISSUING COUNTY'S ADDRESS

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

CASH \_\_\_\_\_

CHECK # \_\_\_\_\_

AGRICULTURE COMMISSIONER'S SIGNATURE

DATE: