

**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: _____

NAME: _____

ADDRESS: _____

CITY: _____

ZIP CODE: _____

TELEPHONE NUMBER: _____

BUSINESS NAME: _____

BUSINESS LICENSE NO: _____

ADDRESS: _____

BUSINESS LOCATION: MAIN _____ BRANCH _____

CITY: _____

ZIP CODE: _____

TELEPHONE NUMBER: _____

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.

CONDITION(S) ATTACHED YES _____ NO _____

QUALIFIED APPLICATOR'S SIGNATURE _____

DATE: _____

REGISTRATION CARD

ADDITIONAL INFORMATION/COMMENTS

ISSUING COUNTY'S ADDRESS

REGISTRATION FEE RECEIVED \$ _____

CASH _____ CHECK # _____

AGRICULTURE COMMISSIONER'S SIGNATURE

DATE: _____