

**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)*

REGISTRATION CARD

ADDITIONAL INFORMATION/COMMENTS

ISSUING COUNTY'S ADDRESS

REGISTRATION FEE RECEIVED \$ _____

CASH _____ CHECK # _____

AGRICULTURE COMMISSIONER'S SIGNATURE

DATE: