

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: _____