

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.
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CONDITION(S) ATTACHED YES _____ NO _____	QUALIFIED APPLICATOR'S SIGNATURE _____ DATE: _____
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REGISTRATION CARD	ADDITIONAL INFORMATION/COMMENTS

ISSUING COUNTY'S ADDRESS	REGISTRATION FEE RECEIVED \$ _____	
	CASH _____ CHECK # _____	
	AGRICULTURE COMMISSIONER'S SIGNATURE	
		DATE: _____