



# Pest Control Business 2016 Registration

**FEE \$75.00**

[www.sbcounty.gov/awm](http://www.sbcounty.gov/awm)

Name of Business\*: \_\_\_\_\_

This location is \*: \_\_\_\_\_

State of California Business License #\* \_\_\_\_\_ Exp Date\* \_\_\_\_\_  
*(Attach copy of current License to this form)*

Physical Address\*: \_\_\_\_\_  
*(Required)*

Mailing Address: \_\_\_\_\_  
*(If different)*

Telephone #\* \_\_\_\_\_

Fax # \_\_\_\_\_

E-mail address: \_\_\_\_\_

Additional Emergency Phone # \_\_\_\_\_

Qualified Applicator License (QAL) holder:

Business Owner Name  
*(if different than the QAL)*

Print Name\*: \_\_\_\_\_

Signature: \_\_\_\_\_

Date\*: \_\_\_\_\_

\_\_\_\_\_  
*Print*

Place a copy of your QAL card here  
or scan card and attach to form  
using the link below

Does business need a  
Restricted Materials Permit?  
***NO Permits allowed for QAC's  
who possess only Category Q\****  
  
Permit # \_\_\_\_\_

