

**AGRICULTURAL PEST CONTROL ADVISER COUNTY REGISTRATION**

PR-PML-091 (REV. 3/02)

STATE OF CALIFORNIA  
DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT AND LICENSING BRANCH

SOURCEONE COMMUNICATIONS (916) 484-1008

(YEAR)

REGISTRATION EXPIRATION DATE: DECEMBER 31, \_\_\_\_\_

FOR REGISTRATION IN COUNTY OF: \_\_\_\_\_

ADVISER'S EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CARD IMPRINT AREA

REGISTRATION FEE RECEIVED \$ \_\_\_\_\_

CITY \_\_\_\_\_

ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**AGRICULTURE/WEIGHTS AND MEASURES**  
777 East Rialto Avenue  
San Bernardino, CA 92415-0720

ADVISER'S SIGNATURE \_\_\_\_\_

WRITTEN RECOMMENDATIONS ARE AVAILABLE AT (CITY & STREET) \_\_\_\_\_

AGRICULTURAL COMMISSIONER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

IMPRINTING COUNTY'S OFFICIAL SEAL

Distribution: Green - Adviser White Cardstock - CAC

Complete the registration form (right side) above.

Place your QAC/QAL/PCA/Pilot card in this space.

Then make a copy of this form and mail to us

with the appropriate registration fee (check).

**OTHER INFORMATION AS NEEDED**

Licensee Information:

Emergency Contact Phone No.: \_\_\_\_\_

Employer:

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Valid Medical Certificate?  
(for pilots only)

Yes

No