

PEST CONTROL BUSINESS COUNTY REGISTRATION

PR-PML-059 (REV. 3/02)

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

CARD IMPRINT AREA (ATTACH COPY OF PEST CONTROL BUSINESS LICENSE)	REGISTRATION EXPIRATION DATE: DECEMBER 31, _____ (YEAR)		
	FOR REGISTRATION IN COUNTY OF: _____	BUSINESS LOCATION <input type="checkbox"/> MAIN <input type="checkbox"/> BRANCH	
BUSINESS NAME _____	BUSINESS LICENSE NO. _____		
ADDRESS _____			
REGISTRATION FEE RECEIVED \$ _____	CITY _____	ZIP CODE _____	TELEPHONE NUMBER _____
QUALIFIED APPLICATOR'S SIGNATURE _____			DATE _____
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.			CONDITION(S) ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
AGRICULTURAL COMMISSIONER'S SIGNATURE _____			DATE _____
IMPRINTING COUNTY'S OFFICIAL SEAL			

Distribution: Yellow - Pest Control Business White Cardstock - CAC

<p style="color: red;">Complete the registration form (right side) above.</p> <p style="color: red;">Place your QAC/QAL/PCA/Pilot card in this space.</p> <p style="color: red;">Then make a copy of this form and mail to us with the appropriate registration fee (check).</p>	<p>OTHER INFORMATION AS NEEDED</p> <p>Licensee Information: Emergency Contact Phone No.:</p> <p>Employer: Street Address City Zip Code Telephone</p> <p>Valid Medical Certificate? (for pilots only) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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