PEST CONTROL ADVISER

2016 Registration

Adviser Name: _____

Employer's Name: _____

Employer's Address: _____
(Required)

_____

Mailing Address: _____
(If different)

_____

Telephone # _____

Fax # _____

Additional Emergency Phone # _____

E-mail Address: _____

Physical location where Recommendations are stored (if Adviser is outside County) :

_____

_____

Date Submitted: _____

Information from CA Issued Card	Name	
	Adviser Card #	
	Issue date	
	Exp date	
	Address on Card	

San Bernardino County Department of Agriculture / Weights & Measures
777 East Rialto Avenue, San Bernardino, CA 92415-0720
(909) 387-2105 **(800) 734-9459** **Fax (909)387-2449** **www.sbcounty.gov/awm**

Submit by E-mail

If the "Submit by E-mail" button fails, you can manually e-mail it to: awm@awm.sbcounty.gov