



PEST CONTROL AIRCRAFT PILOT 2015 Registration

Pilot Name: _____

Check one: _____ Journeyman _____ Apprentice

If Apprentice, provide Name and Pilot License # of Journeyman Pilot registered in County supervising you:

Name: _____

Lic # : _____

Employer's Name: _____

Physical Address: _____
(Required)

Mailing Address: _____
(If different)

Telephone # _____

Fax # _____

Additional Emergency Phone # _____

E-mail Address: _____

Date Submitted: _____

Information
from CA
Issued Card

Name	_____
Pilot 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

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