PEST CONTROL AIRCRAFT PILOT

2016 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**

Submit by E-mail

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