



# PEST CONTROL ADVISER

## 2021 Registration

Adviser Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
*(Required)*

Mailing Address: \_\_\_\_\_  
*(If different)*

Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

Cell / Emergency Phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Date Submitted: \_\_\_\_\_

Information  
from CA DPR  
issued Card

Name	_____
Card # (w/ Categories)	_____
Issue date	_____
Exp date	_____
Address on Card	_____
	_____