



PEST CONTROL BUSINESS COUNTY REGISTRATION
PR-PML-059 (REV 7/16)

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

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| | (YEAR) |
| REGISTRATION EXPIRATION DATE: DECEMBER 31, _____ | |
| FOR REGISTRATION IN COUNTY OF: | BUSINESS LOCATION <input type="checkbox"/> MAIN <input type="checkbox"/> BRANCH |
| BUSINESS NAME | BUSINESS LICENSE NO. |
| ADDRESS | |
| CITY | ZIP CODE TELEPHONE NUMBER |
| QUALIFIED APPLICATOR'S SIGNATURE | |
| 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 |
| | |

REGISTRATION FEE RECEIVED \$ _____

| | |
|--|--|
| | <p>OTHER INFORMATION AS NEEDED</p> <p>Email Address: _____</p> <p>Licensee Information: Emergency Contact Phone No.: _____</p> <p>Employer:</p> <p>Street Address _____</p> <p>City _____</p> <p>Zip code _____</p> <p>Telephone _____</p> <p>Valid Medical Certificate? <input type="checkbox"/> <input type="checkbox"/> (for pilots only) Yes No</p> |
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