

Pest Control Business County Registration Form		State of California Department of Pesticide Regulation Pest Management And Licensing Branch	
For Registration in the County of:		Registration Expiration Date: December 31, _____	
Business Name:		Business License Number:	
		Email:	
Business Address:		Business Location: Main _____ Branch _____	
City:	Zip Code:	Telephone Number:	
Qualified Applicator's Name:			
Address:			
City:	Zip Code:	Telephone Number:	
Restricted Material(s) Possession Permit Number: _____			
No Restricted Material(s) may be possessed except in accordance with any attached condition(s). This is not a permit to apply.			
Condition(s) Attached:		Qualified Applicator's Signature:	
Yes _____ No _____		Date:	
Registration Card:		Additional Information/Comments:	
Issuing County's Address:		Registration Fee Received: \$ _____	
		Cash _____	Check # _____
		Agriculture Commissioner's Signature:	
		Date:	