

AGRICULTURAL PEST CONTROL ADVISER COUNTY REGISTRATION

PR-PML-091

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

	REGISTRATION EXPIRATION DATE: DECEMBER 31,
	FOR REGISTRATION IN THE COUNTY OF TRINITY
	ADVISOR'S EMPLOYER:
	ADDRESS:
	CITY: _____ ZIP: _____
	PHONE: _____
CARD IMPRINT AREA	ADVISOR'S SIGNATURE
REGISTRATION FEE: Home County \$10.00 Additional County \$5.00	WRITTEN RECOMMENDATIONS ARE AVAILABLE AT <i>(CITY & STREET)</i>
	AGRICULTURAL COMMISSIONER'S SIGNATURE _____ DATE _____
IMPRINTING COUNTY'S OFFICIAL SEAL	

	OTHER INFORMATION AS NEEDED
	Licensee Information: Emergency Contact Phone No:
	Employer: Street Address:
	City:
	Zip Code:
	Telephone:
	Valid Medical Certificate? Y/N (for pilots only)