



DEPARTMENT OF AGRICULTURE AND MEASUREMENT STANDARDS

RUBEN J. ARROYO
Agricultural Commissioner
Sealer of Weights and Measures

1001 South Mount Vernon Avenue · Bakersfield, California 93307
Telephone 661-868-6300 · Fax 661-868-6301 · agcomm@co.kern.ca.us

Instructions for Maintenance Gardeners Annual Registration

Maintenance Gardeners - must be the Qualified Applicator Certificate (QAC) holder completing the registration process.

To perform work in Kern County you **must** first register with the Department of Agriculture and Measurement Standards. All registrations expire on December 31 of the current year. Hours for registration will be Monday through Friday, 8:15 a.m. to 11:30 a.m. and 1:15 p.m. to 4:30 p.m. We are sorry, but no one will be available between 12:00 noon and 1:00 p.m. to complete your registration. No appointment is necessary.

To complete this process you are required to have the following items:

- Valid Picture ID
- Current Qualified Applicator Certificate (QAC) for the calendar year of registration
- Current State Business License from the Department of Pesticide Regulation for the calendar year of registration
- Fee is \$25.00 - All fees can be paid with cash, check or money order - we are sorry, but **WE ARE NOT ABLE TO ACCEPT CREDIT/DEBIT CARDS.**

If you have any questions, please contact our office at 661-868-6300.

PEST CONTROL BUSINESS COUNTY REGISTRATION

PR-PML-059 (REV. 3/02)

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

<p>CARD IMPRINT AREA (ATTACH COPY OF PEST CONTROL BUSINESS LICENSE)</p> <p>REGISTRATION FEE RECEIVED \$ _____</p> <p>IMPRINTING COUNTY'S OFFICIAL SEAL</p>	REGISTRATION EXPIRATION DATE: DECEMBER 31, _____ (YEAR)		
	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		DATE
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	

Distribution: Yellow - Pest Control Business White Cardstock - CAC

	<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"/> Yes <input type="checkbox"/> No (for pilots only)</p>