



## 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](mailto:agcomm@co.kern.ca.us)

### Instructions for Pest Control Advisers Annual Registration

**Pest Control Advisers - **must be the license 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 Pest Control Adviser License for the calendar year of registration
- Fee is \$10.00 if Kern County is your home county; \$5.00 if you are already registered in another county. (You must include a completed form PR-PML-091 for second county registrations). All fees can be paid with cash, check or money order - we are sorry, but **WE ARE NOT ABLE TO ACCEPT CREDIT/DEBIT CARDS.**

**To register by mail** you must include, in addition to the above items, a completed form (PR-PML-091).

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

**AGRICULTURAL PEST CONTROL ADVISER COUNTY REGISTRATION**  
PR-PML-091 (REV. 3/02)

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

SOURCEONE COMMUNICATIONS (916) 484-1008

CARD IMPRINT AREA	REGISTRATION EXPIRATION DATE: DECEMBER 31, _____ (YEAR)		
	FOR REGISTRATION IN COUNTY OF: _____		
	ADVISER'S EMPLOYER _____		
	ADDRESS _____		
REGISTRATION FEE RECEIVED \$ _____	CITY _____	ZIP CODE _____	TELEPHONE NUMBER _____
	ADVISER'S SIGNATURE _____		
	WRITTEN RECOMMENDATIONS ARE AVAILABLE AT (CITY & STREET) _____		
	AGRICULTURAL COMMISSIONER'S SIGNATURE _____		DATE _____
IMPRINTING COUNTY'S OFFICIAL SEAL _____			

Distribution: Green - Adviser White Cardstock - CAC

**OTHER INFORMATION AS NEEDED**

Email Address: \_\_\_\_\_

Licensee Information:

Emergency Contact Phone No.: \_\_\_\_\_

Employer:

Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip code \_\_\_\_\_

Telephone \_\_\_\_\_

Valid Medical Certificate?

(for pilots only)

Yes

No