



## 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 Operators Annual Registration

**Pest Control Operators - must be the Qualified Applicator License (QAL) 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 License (QAL) for the calendar year of registration
- Current State Business License from the Department of Pesticide Regulation for the calendar year of registration
- Current Equipment List
- Current Medical Supervision (**if you use Organophosphates or Carbamates**)
- Fee is \$50.00 per location - All fees can be paid with cash, check or money order - we are sorry, but **WE ARE NOT ABLE TO ACCEPT CREDIT/DEBIT CARDS.**

Registering by mail is allowable only if you are **NOT** going to use restricted materials.

**To register by mail** you must include, in addition to the above items, a letter stating you will not be using Restricted Materials and a completed form (PR-PML-059).

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 style="text-align: center;">CARD IMPRINT AREA (ATTACH COPY OF PEST CONTROL BUSINESS LICENSE)</p> <p>REGISTRATION FEE RECEIVED \$ _____</p> <p style="text-align: center;">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><b>OTHER INFORMATION AS NEEDED</b></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>

