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 · <u>agcomm@co.kern.ca.us</u>

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 REGISTR. PR-PML-059 (REV. 3/02) | | | MENT OF PESTICIDE REGUL IAGEMENT AND LICENSING BI | | |
|---|---|----------------------------|--|--|--|
| | REGISTRATION EXPIRATION DATE: DECEMBER 31, | | | | |
| | FOR REGISTRATION IN COUNTY OF: | | BUSINESS LOCATION | | |
| | BUSINESS NAME BUSINESS LICENSE NO. | | | | |
| CARD IMPRINT AREA (ATTACH COPY OF PEST CONTROL BUSINESS LICENSE) | ADDRESS | | | | |
| REGISTRATION FEE RECEIVED \$ | CITY | ZIP CODE | TELEPHONE NUMB | | |
| | QUALIFIED APPLICATOR'S SIGNATURE | | DATE | | |
| | Restricted Material(s) Possession Permit No No restricted Material may be possessed except attached condition(s). This is not a permit to app | in accordance with any ly. | CONDITION(S) ATTACHE | | |
| | AGRICULTURAL COMMISSIONER'S SIGNATI | URE | DATE | | |
| IMPRINTING COUNTY'S OFFICIAL SEAL | | | | | |

| OTHER INFORMATION AS NEEDED | | |
|---|--|--|
| Email Address: | | |
| Licensee Information: Emergency Contact Phone No.: | | |
| | | |
| Employer: | | |
| Street Address | | |
| City | | |
| Zip code | | |
| Telephone | | |
| Valid Medical Certificate? | | |
| | | |
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State of California
Department of Food and Agriculture
Pesticide Use Enforcement and Licensing
APPLICATION FOR AGRICULTURAL PEST CONTROL EQUIPMENT REGISTRATION
33-058

FOR CALENDAR YEAR ENDING DECEMBER 31, _____

COUNTY

| NAME – (under which applicant is engaged in business) | | | | | | | |
|---|------------|------------|---------------------|---------------------------------|------------|--|--|
| LIST BELOW ALL EQUIPMENT TO BE USED IN THIS COUNTY. INDICATE APPLICABLE TYPE OF EQUIPMENT: FOR AIRCRAFT, SHOW FIXED WING OR HELICOPTER. FOR CROUND, SHOW SPEED SPRAYER, DOWER DUSTER, HAND CHN, FTC | | | | | | | |
| GROUND, SHOW SPEED SPRAYER, POWER DUSTER, HAND GUN, ETC. MANUFACTURER AIR GROUND EQUIPEMENT TYPE VEHICLE LIC OR AIRCRAFT "N" NO. OTHER I.D. | | | | | | | |
| MANUFACTURER | | | EQUIFEMENT TIFE | VEHICLE LIC OK AIKCKAFT N NO. | UTHER I.D. | | |
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| I HERERY CEDTIEV | | |) FOUIDMENT IS DDOD | FRI V MARKED AND THAT THE INFOR | MATION | | |
| I HEREBY CERTIFY THAT MY GROUND EQUIPMENT IS PROPERLY MARKED AND THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. | | | | | | | |
| | JAFFLI | CATION IS | INUE AND CORRECT. | DATE | | | |
| SIGNATURE | | | | DATE | | | |