## 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?		

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 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			