



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 Agricultural Pilots Annual Registration

Agricultural Pilots - 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 State Pilot License for the calendar year of registration
- If you are an apprentice, you must have a journeyman to supervise you
- Fee is \$10.00 if Kern County is your home county; \$5.00 if you are already registered in another county (You must submit completed form PR-PML-009 for second county registration) 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-009).

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

PEST CONTROL AIRCRAFT PILOT COUNTY REGISTRATION

PR-PML-009 (REV. 9/00)

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

(YEAR)

REGISTRATION EXPIRATION DATE: DECEMBER 31, _____

FOR REGISTRATION IN COUNTY OF: _____

ADDRESS _____

APPRENTICE CERTIFICATE x
JOURNEYMAN CERTIFICATE xx

CITY _____ ZIP CODE _____ TELEPHONE NUMBER _____

REGISTRATION FEE RECEIVED \$ _____

IF APPRENTICE PILOT: NAME(S) OF JOURNEYMAN PILOT(S) REGISTERED IN COUNTY PROVIDING SUPERVISION _____

PILOT'S SIGNATURE _____ DATE _____

AGRICULTURAL COMMISSIONER'S SIGNATURE _____ DATE _____

IMPRINTING COUNTY'S OFFICIAL STAMP

Distribution: Blue - Pilot 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