

PEST CONTROL BUSINESS COUNTY REGISTRATION

PR-PML-059 (REV. 3/02)

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

<p>CARD IMPRINT AREA (ATTACH COPY OF PEST CONTROL BUSINESS LICENSE)</p> <p>REGISTRATION FEE RECEIVED \$ _____</p> <p>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

	OTHER INFORMATION AS NEEDED
	<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>