

PEST CONTROL ADVISER COUNTY REGISTRATION

AGRICULTURAL PEST CONTROL ADVISER COUNTY REGISTRATION

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH**OFFICIAL USE ONLY**

REGISTRATION FEE RECEIVED \$ _____

CASH: _____ MONEY ORDER: _____

CHECK NUMBER: _____

RECEIPT NUMBER: _____

REGISTRATION EXPIRATION DATE: DECEMBER 31,

FOR REGISTRATION IN THE COUNTY OF: **KERN**

ADVISER'S EMPLOYER: _____

ADDRESS: _____

CITY

ZIP CODE

TELEPHONE NUMBER

ADVISOR'S SIGNATURE

DATE

WRITTEN RECOMMENDATIONS ARE AVAILABLE AT (CITY & STREET)

AGRICULTURAL COMMISSIONER'S SIGNATURE

DATE

GLENN FANKHAUSER by:

*Photocopy Valid Professional License Here***OTHER INFORMATION AS NEEDED**

MOBILE PHONE: (_____) _____

EMAIL: _____

FAX NUMBER: (_____) _____

24 HOUR EMERGENCY

CONTACT NAME: _____

24 HOUR EMERGENCY

CONTACT PHONE NO: (_____) _____