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| **Agricultural Pest Control Adviser**  **County Registration Form** | | State of California  Department of Pesticide Regulation  Pest Management And Licensing Branch | |
| For Registration in the County of: | | Registration Expiration Date:  December 31, \_\_\_\_\_\_\_\_\_\_\_ | |
| Adviser’s Name: | | Written Recommendations Are Available At (City & Street): | |
| Mailing Address: | | Email: | |
| City: | Zip Code: | Telephone Number: | |
| Adviser’s Employer: | | | |
| Employer’s Address: | | | |
| City: | Zip Code: | Telephone Number: | |
| Adviser’s Signature: | | Date: | |
| PCA’s Card: | | Additional Information/Comments: | |
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| Issuing County’s Address: | | Registration Fee Received: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Cash \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Check # \_\_\_\_\_\_\_\_\_\_\_\_ |
| Agriculture Commissioner’s Signature: | |
| Date: | |