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| **Agricultural Pest Control Adviser****County Registration Form** | State of CaliforniaDepartment of Pesticide RegulationPest 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: |