

PEST CONTROL BUSINESS COUNTY REGISTRATION

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

LIC. EFFECTIVE DATE _____ LIC. EXPIRATION DATE _____ (QAL) PCO LICENSE NUMBER _____ CATEGORIES _____ NAME: _____ ADDRESS: _____ CITY _____ STATE _____ ZIP CODE _____		REGISTRATION EXPIRATION DATE: DECEMBER 31, 2017 FOR REGISTRATION IN COUNTY OF: RIVERSIDE BUSINESS LOCATION <input type="checkbox"/> MAIN <input type="checkbox"/> BRANCH BUSINESS NAME: _____ BUS. LIC. # _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ BUS. PHONE #: _____ EMAIL ADDRESS: _____ 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. <input type="checkbox"/> YES <input type="checkbox"/> NO AGRICULTURAL COMMISSIONER'S SIGNATURE _____ DATE _____	
PEST CONTROL CARD INFORMATION AREA (ATTACH COPY OF PEST CONTROL BUSINESS LICENSE)		REGISTRATION FEE RECEIVED \$ _____ AGRICULTURAL COMMISSIONER COUNTY OF RIVERSIDE 4080 LEMON STREET, ROOM 19 PO BOX 1089 RIVERSIDE, CA 92502-1089 IMPRINTING COUNTY'S OFFICIAL SEAL	

PLEASE FILL OUT BOTTOM PORTION AS WELL, AS IT WILL BE MAILED BACK TO YOU ATTACHED WITH RIVERSIDE COUNTY OFFICIAL RECEIPT

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