

PEST CONTROL AIRCRAFT PILOT COUNTY REGISTRATION

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

LIC. EFFECTIVE DATE _____ LIC. EXPIRATION DATE _____ _____ PILOT LICENSE NUMBER		REGISTRATION EXPIRATION : DECEMBER 31, 2017	
NAME: _____		FOR REGISTRATION IN COUNTY OF: <p style="text-align: center;">RIVERSIDE</p>	
ADDRESS: _____ CITY _____ STATE _____ ZIP _____		ADDRESS: _____ BUS. PHONE # : _____ CITY: _____ STATE: _____ ZIP: _____	
APPRENTICE CERTIFICATE <input type="checkbox"/> <input checked="" type="checkbox"/> JOURNEYMAN CERTIFICATE <input type="checkbox"/> <input checked="" type="checkbox"/>		EMAIL ADDRESS: _____	
REGISTRATION FEE RECEIVED \$ _____ <p style="text-align: center;">AGRICULTURAL COMMISSIONER COUNTY OF RIVERSIDE 4080 LEMON STREET, ROOM 19 PO BOX 1089 RIVERSIDE, CA 92502-1089</p> IMPRINTING COUNTY'S OFFICIAL STAMP		IF APPRENTICE PILOT-NAME(S) OF JOURNEYMAN PILOT(S) REGISTERED IN COUNTY PROVIDING SUPERVISION _____ PILOT'S SIGNATURE _____ DATE _____ AGRICULTURAL COMMISSIONER'S SIGNATURE _____ DATE _____	

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***PLEASE FILL OUT BOTH REGISTRATION FORMS AND SUBMITT WITH FEES
COPY OF FORM WILL BE MAILED BACK WITH YOUR RECEIPT***