

AGRICULTURAL PEST CONTROL ADVISER COUNTY REGISTRATION

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

LIC. EFFECTIVE DATE _____ LIC. EXPIRATION DATE _____ PCA LICENSE NUMBER _____ CATEGORIES _____ NAME _____ ADDRESS _____ CITY, STATE & ZIP CODE _____ PCA CARD INFORMATION AREA		REGISTRATION EXPIRATION DATE: DECEMBER 31, <u>2012</u> _____ FOR REGISTRATION IN COUNTY OF: RIVERSIDE ADVISER'S EMPLOYER _____ ADDRESS _____ CITY STATE ZIP TELEPHONE NUMBER _____
REGISTRATION FEE RECEIVED \$ _____ AGRICULTURAL COMMISSIONER COUNTY OF RIVERSIDE 4080 LEMON STREET, ROOM 19 PO BOX 1089 RIVERSIDE, CA 92502-1089 IMPRINT COUNTY'S OFFICIAL SEAL		EMAIL ADDRESS: _____ ADVISER'S SIGNATURE _____ WRITTEN RECOMMENDATIONS ARE AVAILABLE AT(CITY & STREET) _____ AGRICULTURAL COMMISSIONER'S SIGNATURE _____ DATE _____

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