

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: _____ PEST CONTROL CARD INFORMATION AREA (ATTACH COPY OF PEST CONTROL BUSINESS LICENSE)		REGISTRATION EXPIRATION DATE: DECEMBER 31, <u>2012</u>	
		FOR REGISTRATION IN COUNTY OF: RIVERSIDE	BUSINESS LOCATION <input type="checkbox"/> MAIN <input type="checkbox"/> BRANCH
		BUSINESS NAME _____ BUSINESS LICENSE NO. _____	
		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 IMPRINTING COUNTY'S OFFICIAL SEAL		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.	CONDITION(S) ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
		AGRICULTURAL COMMISSIONER'S SIGNATURE _____ DATE _____	

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: _____ PEST CONTROL CARD INFORMATION AREA (ATTACH COPY OF PEST CONTROL BUSINESS LICENSE)		REGISTRATION EXPIRATION DATE: DECEMBER 31, <u>2012</u>	
		FOR REGISTRATION IN COUNTY OF: RIVERSIDE	BUSINESS LOCATION <input type="checkbox"/> MAIN <input type="checkbox"/> BRANCH
		BUSINESS NAME _____ BUSINESS LICENSE NO. _____	
		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 IMPRINTING COUNTY'S OFFICIAL SEAL		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.	CONDITION(S) ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
		AGRICULTURAL COMMISSIONER'S SIGNATURE _____ DATE _____	

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