

**PEST CONTROL AIRCRAFT PILOT COUNTY REGISTRATION**

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

LIC. EFFECTIVE DATE _____ LIC. EXPIRATION DATE _____		REGISTRATION EXPIRATION : DECEMBER 31, <u>2012</u>	
LICENSE NUMBER _____		FOR REGISTRATION IN COUNTY OF: <b>RIVERSIDE</b>	
NAME _____		ADDRESS _____	
ADDRESS _____ CITY _____ STATE _____ ZIP _____		CITY _____ STATE _____ ZIP CODE _____ TELEPHONE NUMBER _____	
APPRENTICE CERTIFICATE <input type="checkbox"/> JOURNEYMAN CERTIFICATE <input type="checkbox"/>		EMAIL ADDRESS: _____	
REGISTRATION FEE RECEIVED \$ _____  <b>AGRICULTURAL COMMISSIONER COUNTY OF RIVERSIDE 4080 LEMON STREET, ROOM 19 PO BOX 1089 RIVERSIDE, CA 92502-1089</b>  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\***