

PEST CONTROL BUSINESS COUNTY REGISTRATION

State of California
Department of Pesticide Regulation
Pest Management and Licensing Branch

QAL / QAC Copy Here:

Registration Expiration Date:

December 31, _____ (Year)

Business Location

Main Branch

For Registration In County Of:

Business Name

Address

City

Zip Code

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

YES NO



Amador County
Agricultural Commissioner's Office and
Sealer of Weights & Measures
12200-B Airport Road
Jackson CA 95642-9527

Agricultural Commissioner's Signature by:

Date

Mailing Address (if different from above)

Other information / documents required for Pest Control Business / Maintenance Gardener Registration

Air

Ground

Employees:

Yes

No

Please Attach:

_____ Copy of current Pest Control Business License or Maintenance Gardener Pest Control Business License issued from California Department of Pesticide Regulation.

_____ Copy of Pest Control Business Equipment list.

Registration Fee Received:

\$ _____ Date _____

Cash _____ Check # _____

Receipt # _____

City

State

Zip

E-Mail Address:

Office Phone No. _____

Cell Phone No. _____

Fax No. _____