

PEST CONTROL AIRCRAFT PILOT COUNTY REGISTRATION

PR-PML-009 (REV. 9/00)

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

(YEAR)

REGISTRATION EXPIRATION DATE: DECEMBER 31, _____

FOR REGISTRATION IN COUNTY OF: _____

ADDRESS _____

APPRENTICE CERTIFICATE x
JOURNEYMAN CERTIFICATE xx

CITY _____ ZIP CODE _____ TELEPHONE NUMBER _____

REGISTRATION FEE RECEIVED \$ _____

IF APPRENTICE PILOT: NAME(S) OF JOURNEYMAN PILOT(S) REGISTERED IN COUNTY PROVIDING SUPERVISION

PILOT'S SIGNATURE _____ DATE _____

AGRICULTURAL COMMISSIONER'S SIGNATURE _____ DATE _____

IMPRINTING COUNTY'S OFFICIAL STAMP

Distribution: Blue - Pilot White Cardstock - CAC

OTHER INFORMATION AS NEEDED

Email Address: _____

Licensee Information:

Emergency Contact Phone No.: _____

Employer:

Street Address _____

City _____

Zip code _____

Telephone _____

Attach Valid Medical Certificate