

PEST CONTROL ADVISER COUNTY REGISTRATION

AGRICULTURAL PEST CONTROL ADVISER COUNTY REGISTRATION

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

	REGISTRATION EXPIRATION DATE: DECEMBER 31, FOR REGISTRATION IN THE COUNTY OF: KERN ADVISER'S EMPLOYER:		
OFFICIAL USE ONLY REGISTRATION FEE RECEIVED \$	ADDRESS:		
CASH: MONEY ORDER:	CITY	ZIP CODE	TELEPHONE NUMBER
CHECK NUMBER:	ADVISOR'S S	IGNATURE	DATE
RECEIPT NUMBER:			
CREDIT CARD:	WRITTEN RE	COMMENDATIONS ARE AVAILABLE	AT (CITY & STREET)
	AGRICULTU	RAL COMMISSIONER'S SIGNATURE	DATE
	GLENN F	ANKHAUSER by:	
	;	OTHER INFORMA	TION AS NEEDED
	!	MOBILE PHONE: ()	
Photocopy Valid Professional License Here	·	EMAIL:	
		FAX NUMBER: ()	
	l	24 HOUR EMERGENCY	
	I	CONTACT NAME:	
	ļ	24 HOUR EMERGENCY CONTACT PHONE NO: ()
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GROUNDED **₹** BOUNDLESS