



# PEST CONTROL ADVISER COUNTY REGISTRATION

AGRICULTURAL PEST CONTROL ADVISER COUNTY REGISTRATION

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

<p><b>OFFICIAL USE ONLY</b></p> <p>REGISTRATION FEE RECEIVED \$ _____</p> <p>CASH: _____ MONEY ORDER: _____</p> <p>CHECK NUMBER: _____</p> <p>RECEIPT NUMBER: _____</p>
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REGISTRATION EXPIRATION DATE: DECEMBER 31,

FOR REGISTRATION IN THE COUNTY OF: **KERN**

ADVISER'S EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY	ZIP CODE	TELEPHONE NUMBER
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ADVISOR'S SIGNATURE	DATE
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WRITTEN RECOMMENDATIONS ARE AVAILABLE AT (CITY & STREET)

AGRICULTURAL COMMISSIONER'S SIGNATURE	DATE
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GLENN FANKHAUSER by:

*Photocopy Valid Professional License Here*

### OTHER INFORMATION AS NEEDED

MOBILE PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_

24 HOUR EMERGENCY  
CONTACT NAME: \_\_\_\_\_

24 HOUR EMERGENCY  
CONTACT PHONE NO: (\_\_\_\_\_) \_\_\_\_\_

