



# PEST CONTROL BUSINESS REGISTRATION

PEST CONTROL BUSINESS COUNTY REGISTRATION

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

**OFFICIAL USE ONLY**

MAINTENANCE GARDENER  
 YES  NO

**For Ag PCOs:**  
Equipment List Provided?

Organophosphate & Carbamate Use  
 Yes  NO

Written Medical Agreement Provided  
 YES  NO

PCO Reg # **K** \_\_\_\_\_

REGISTRATION FEE RECEIVED \$ \_\_\_\_\_

CASH: \_\_\_\_\_ MONEY ORDER: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

REGISTRATION EXPIRATION DATE: DECEMBER 31,

FOR REGISTRATION IN THE COUNTY OF: **KERN** BUSINESS LOCATION  
 MAIN  BRANCH

BUSINESS NAME BUSINESS LICENSE NO.

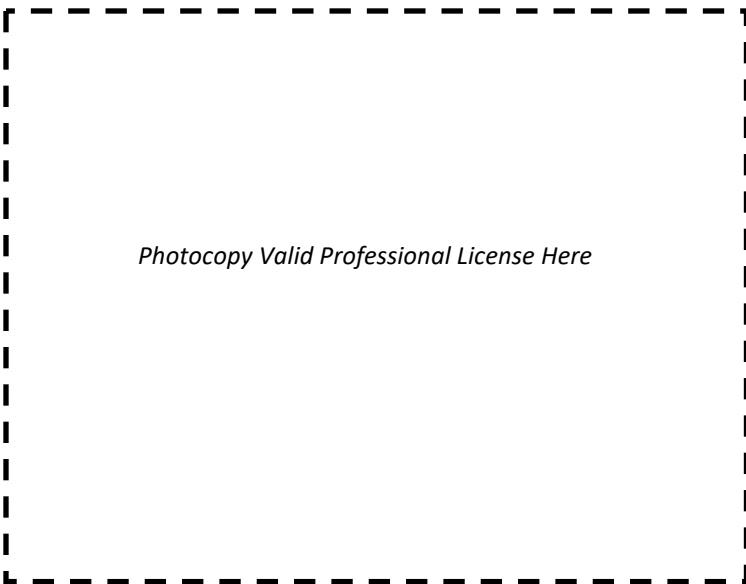
ADDRESS:

CITY ZIP CODE TELEPHONE NUMBER

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.

AGRICULTURAL COMMISSIONER'S SIGNATURE DATE  
**GLENN FANKHAUSER** by:



## OTHER INFORMATION AS NEEDED

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

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

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

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

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