

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: _____

CREDIT CARD: ☐

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: (_____) _____

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