

PEST CONTROL PILOT REGISTRATION

PEST CONTROL AIRCRAFT PILOT COUNTY REGISTRATION

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

APPRENTICE CERTIFICATE* ☐

JOURNEYMAN CERTIFICATE ☐

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

REGISTRATION EXPIRATION DATE: DECEMBER 31,

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

EMPLOYER:

ADDRESS:

CITY

ZIP CODE

TELEPHONE NUMBER

PILOT'S SIGNATURE

DATE

AGRICULTURAL COMMISSIONER'S SIGNATURE

DATE

GLENN FANKHAUSER by:

OFFICIAL USE ONLY

JOURNEYMAN PILOT(S) REGISTERED IN COUNTY?

☐ YES ☐ NO (CANNOT REGISTER)

REGISTRATION FEE RECEIVED \$ _____

CASH: _____ MONEY ORDER: _____

CHECK NUMBER: _____

RECEIPT NUMBER: _____

CREDIT CARD: ☐

OTHER INFORMATION AS NEEDED

MOBILE PHONE: (_____) _____

EMAIL: _____

FAX NUMBER: (_____) _____

24 HOUR EMERGENCY

CONTACT NAME: _____

24 HOUR EMERGENCY

CONTACT PHONE NO: (_____) _____

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