

**AGRICULTURAL PEST CONTROL ADVISOR
COUNTY REGISTRATION**

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

	REGISTRATION EXPIRATION DATE: DECEMBER 31. _____
	FOR REGISTRATION IN COUNTY OF:

NAME:		
ADDRESS:		
CITY:	ZIP CODE:	TELEPHONE NUMBER:

EMPLOYER:		
ADDRESS:		
CITY:	ZIP CODE:	TELEPHONE NUMBER

WRITTEN RECOMMENDATIONS ARE AVAILABLE AT (CITY & STREET)

ADVISOR'S SIGNATURE	DATE:
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REGISTRATION CARD	ADDITIONAL INFORMATION/COMMENTS

ISSUING COUNTY'S ADDRESS PLACER COUNTY DEPARTMENT OF AGRICULTURE 11477 E AVENUE AUBURN, CA 95603 (530) 889-7372	REGISTRATION FEE RECEIVED \$ _____	
	CASH _____	CHECK # _____
	AGRICULTURE COMMISSIONER'S SIGNATURE	
		DATE: