

**PEST CONTROL BUSINESS  
MAINTENANCE GARDENER  
COUNTY REGISTRATION**

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

		Registration Expiration Date: December 31, _____
		For Registration in COUNTY OF PLACER
Name:		
Address:		
City:	Zip:	Phone Number:
		Email:
Business Name:		Business License No:
Address:		Business Location: Main _____ Branch _____
City:	Zip:	Phone Number:

Restricted Material (s) Possession Permit No. \_\_\_\_\_ Condition(s) Attached Yes \_\_\_\_\_ No \_\_\_\_\_

No Restricted Material may be possessed except in accordance with any attached conditions(s). This is not a permit to apply.

Place A Copy of Current QAL/QAC Card Below  
or Include Attachment

**Qualified Applicator's Signature:**

**Date:**

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In order for your registration to be processed, the following items must be included:

- Completed County Registration Form
- Copy of your QAL or QAC
- Copy of your DPR Business License
- Completed Equipment List
- Fee – Checks payable to Placer County  
Or Pay Online: [placer.ca.gov/pestreg](http://placer.ca.gov/pestreg)

\$50 for Agricultural Pest Control  
\$25 for Maintenance Gardener

<p>Please remit to:</p> <p><b>PLACER COUNTY DEPARTMENT OF AGRICULTURE</b> 11477 E AVENUE AUBURN, CA 95603</p> <p>(530) 889-7372 <a href="mailto:placerag@placer.ca.gov">placerag@placer.ca.gov</a></p>	<p>For County Use Only</p>
	<p>Reg. Fee Received \$ _____ Receipt # _____</p>
	<p>Cash _____ Check # _____</p> <p>Online Payment # _____ Clerk: _____</p>
	<p><b>Agriculture Commissioner's Signature By:</b> _____ <b>Date:</b> _____</p>