

**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 Placer	

Name: _____

Address: _____

City:	Zip:	Phone Number:
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Employer:	Email:
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Address: _____

City:	Zip:	Phone Number:
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Written Recommendations Are Available At: (Address)

Place A Copy of Current PCA License Below
or Include Attachment

Advisor's Signature:

Date:

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Additional Information/Comments

Fee: For Placer County Registrants- \$10.00
For Out of County Registrants- \$5.00

For more information or to pay fee online visit:
placer.ca.gov/pestreg

<p>Please remit to:</p> <p>PLACER COUNTY DEPARTMENT OF AGRICULTURE 11477 E AVENUE AUBURN CA 95603</p> <p>(530) 889-7372</p> <p>placerag@placer.ca.gov</p>	<p style="text-align: center;">For County Use Only</p> <p>Reg. Fee Rec'd \$ _____ Receipt # _____</p> <p>Cash _____ Check # _____</p> <p>Online Payment: _____ Clerk: _____</p> <p>Agricultural Commissioner's Signature By: _____ Date: _____</p> <table border="1" style="width: 100%; height: 50px;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%;"></td> </tr> </table>		