

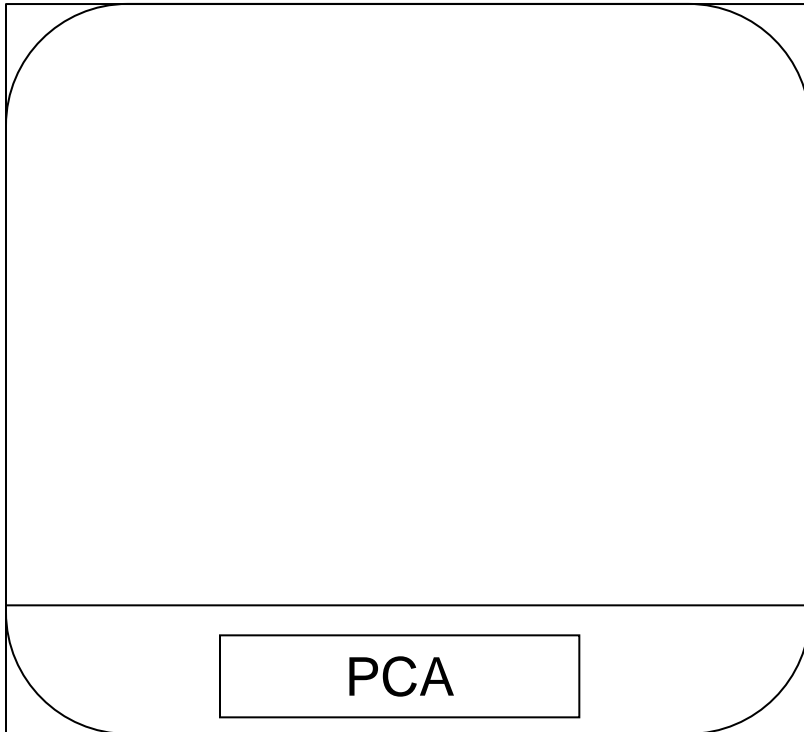
County Registration

Pest Control Advisor

Registration Fee: \$ _____
Business Location: ☐Main ☐Branch

For Registration in the County of _____

Registration Expiration Date: **December 31, 20**_____



Business/Employer Name

Address

City

Zip Code

Phone

Pest Control Advisor Name

Phone

Email

Alternate Phone

Fax

Written Recommendations Located at (City & Street)

Pest Control Advisor's Signature

Date

Agricultural Commissioner's Signature

Date

Main Area of Work: ☐Eastside ☐Westside ☐Both
(Eastside: area east of HWY 99 / Westside: area west of HWY 99)