



County of Fresno

DEPARTMENT OF AGRICULTURE

MELISSA CREGAN

AGRICULTURAL COMMISSIONER/
SEALER OF WEIGHTS & MEASURES

Pest Control Business Registration

For registration in the county of: **FRESNO**
Registration expiration date: **December 31, 20** _____

Registration Fee: \$ _____
Business Location: Main Branch

Business Information

Business Name _____ Business License Number _____

Physical Address, City, State, Zip Code _____

Mailing Address, City, State, Zip Code _____

Business Phone Number _____ Business Email Address _____

Main area of work: Eastside Westside
(Eastside = Area east of Highway 99, Westside = Area west of Highway 99)

Qualified Applicator Information

Qualified Applicator Name _____ Qualified Applicator License Number _____

Phone Number _____ Cell Phone Number _____

Email Address _____

Signatures

Qualified Applicator's Signature _____ Date _____

Agricultural Commissioner's Signature _____ Date _____

DEPARTMENT USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> Copy of valid business license (DPR) | <input type="checkbox"/> Invoice |
| <input type="checkbox"/> Copy of QAL card | <input type="checkbox"/> Registration entered in CalAgPermits |
| <input type="checkbox"/> Copy of signed and dated equipment list | OA initials: _____ |