

PEST CONTROL BUSINESS COUNTY REGISTRATION

PR-PML-059 (REV. 3/02)

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

Nevada County Agricultural Commissioner 950 Maidu Avenue, Suite 170 Nevada City, CA 95959 (ATTACH COPY OF PEST CONTROL BUSINESS LICENSE)	(YEAR)		
	REGISTRATION EXPIRATION DATE DECEMBER 31, _____		
	FOR REGISTRATION IN COUNTY OF: _____		
	BUSINESS NAME _____		
ADDRESS _____			
REGISTRATION FEE RECEIVED \$ _____ IMPRINTING COUNTY'S OFFICIAL SEAL	CITY _____	ZIP CODE _____	TELEPHONE NUMBER _____
	QUALIFIED APPLICATOR'S SIGNATURE _____		DATE _____
	Restricted Material(s) Possession Permit No. _____ No restricted material may be possessed except in accordance with any attached condition(s). This is not a permit to apply.		CONDITIONS ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
	AGRICULTURAL COMMISSIONER'S SIGNATURE _____		DATE _____

Card copy here

OTHER INFORMATION AS NEEDED

Licensee Information:
Emergency Contact Phone No.:

Employer:
Street Address
City
Zip Code
Telephone

Valid Medical Certificate? Yes No
(for pilots only)