

**PEST CONTROL AIRCRAFT PILOT  
COUNTY REGISTRATION**

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

	REGISTRATION EXPIRATION DATE: DECEMBER 31, _____
FOR REGISTRATION IN COUNTY OF: _____	

NAME: _____		
ADDRESS: _____		
CITY: _____	ZIP CODE: _____	TELEPHONE NUMBER: _____

IF APPRENTICE PILOT: NAME(S) OF JOURNEYMAN PILOT(S) REGISTERED IN COUNTY PROVIDING SUPERVISION		
ADDRESS: _____		
CITY: _____	ZIP CODE: _____	TELEPHONE NUMBER: _____

REGISTRATION CARD	ADDITIONAL INFORMATION/COMMENTS				
<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">APPRENTICE CERTIFICATE</td> <td style="width: 20%; text-align: center;">X</td> </tr> <tr> <td>JOURNEYMAN CERTIFICAT</td> <td style="text-align: center;">XX</td> </tr> </table>	APPRENTICE CERTIFICATE	X	JOURNEYMAN CERTIFICAT	XX	
APPRENTICE CERTIFICATE	X				
JOURNEYMAN CERTIFICAT	XX				

ISSUING COUNTY'S ADDRESS	REGISTRATION FEE RECEIVED \$ _____
	CASH _____ CHECK # _____
	AGRICULTURE COMMISSIONER'S SIGNATURE
	DATE: _____