

**PEST CONTROL BUSINESS  
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:

BUSINESS NAME:		BUSINESS LICENSE NO:	
ADDRESS:		BUSINESS LOCATION: MAIN _____ BRANCH _____	
CITY:	ZIP CODE:	TELEPHONE NUMBER:	

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.

CONDITION(S) ATTACHED YES \_\_\_\_\_ NO \_\_\_\_\_

QUALIFIED APPLICATOR'S SIGNATURE	DATE:
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REGISTRATION CARD	ADDITIONAL INFORMATION/COMMENTS

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

STATE OF CALIFORNIA  
**APPLICATION FOR PEST CONTROL  
 EQUIPMENT REGISTRATION**  
 DPR-ENF-058 (REV.4/95)

DEPARTMENT OF PESTICIDE REGULATION  
 PESTICIDE ENFORCEMENT BRANCH

\_\_\_\_\_ COUNTY

FOR CALENDAR YEAR ENDING DECEMBER 31, \_\_\_\_\_

NAME - (UNDER WHICH APPLICANT IS ENGAGED IN BUSINESS)

LIST BELOW ALL EQUIPMENT TO BE USED IN THIS COUNTY. INDICATE APPLICABLE  
 TYPE OF EQUIPMENT: FOR AIRCRAFT, SHOW FIXED WING OR HELICOPTER. FOR  
 GROUND, SHOW SPEED SPRAYER, POWER DUSTER, HAND GUN, ETC.

MANUFACTURER	AIR	GROUND	EQUIPMENT TYPE	VEHICLE LIC. OR AIRCRAFT NO.	OTHER I.D.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

I HEREBY CERTIFY THAT MY GROUND EQUIPMENT IS PROPERLY MARKED AND THAT THE INFORMATION  
 CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE

DATE

(COUNTY USE ONLY)