



MARIN COUNTY

DEPARTMENT OF AGRICULTURE • WEIGHTS & MEASURES

PEST CONTROL BUSINESS COUNTY REGISTRATION <small>CALIFORNIA DEPARTMENT OF PESTICIDE REGULATION -- PEST MANAGEMENT AND LICENSING BRANCH (PR-PML-059)</small>			
HOME COUNTY: _____	REGISTRATION EXPIRATION DATE: DECEMBER 31, _____ (YEAR)		
FOR REGISTRATION IN COUNTY OF: _____	BUSINESS NAME		
	BUSINESS LICENSE NO.	BUSINESS LOCATION <input type="checkbox"/> MAIN <input type="checkbox"/> BRANCH	
	ADDRESS		
REGISTRATION FEE RECEIVED: \$ _____	CITY	ZIP CODE	
	TELEPHONE NUMBER		
	EMAIL ADDRESS:		
	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 <input type="checkbox"/> YES <input type="checkbox"/> NO	
	QUALIFIED APPLICATOR'S SIGNATURE	DATE	
	AGRICULTURAL COMMISSIONER'S SIGNATURE	DATE	

QAL / QAC and/or PCA
PHOTOCOPIES

AGRICULTURAL PEST CONTROL ADVISER COUNTY REGISTRATION <small>CALIFORNIA DEPARTMENT OF PESTICIDE REGULATION -- PEST MANAGEMENT AND LICENSING BRANCH (PR-ENF-091)</small>		
HOME COUNTY: <u>MARIN</u>	REGISTRATION EXPIRATION DATE: DECEMBER 31, _____ (YEAR)	
FOR REGISTRATION IN COUNTY OF: _____	ADVISOR'S EMPLOYER	
	ADDRESS	
	CITY	ZIP CODE
REGISTRATION FEE RECEIVED: \$ _____	TELEPHONE NUMBER	
	EMAIL ADDRESS:	
	WRITTEN RECOMMENDATIONS ARE AVAILABLE AT (CITY & STREET)	
	ADVISOR'S SIGNATURE	DATE
	AGRICULTURAL COMMISSIONER'S SIGNATURE	DATE