

PEST CONTROL BUSINESS COUNTY REGISTRATION

Registration Year: _____

County: _____

Name of Business: _____

This location is: Main Branch (Please attach your equipment list)

DPR Business License # _____ Exp. Date: _____ (Please attach a copy)

Physical Address: _____

Mailing Address (if different than above): _____

Telephone Number: _____ Fax #: _____

E-Mail Address: _____

Qualified Applicator License or Qualified Applicator Certificate Holder: (Please provide a photocopy of your license.)

Print Name: _____ Date: _____

License Number: _____ Expiration Date: _____

Signature: _____

In order for your registration to be processed, you must include the following:

- Completed County Registration Form
- A copy of your QAL or QAC
- A copy of your DPR Business License
- Completed equipment list
- Fee payment

FOR COUNTY USE

Registration Date: _____

Receipt #: _____

Registration #: _____

Agricultural Commissioner's Signature: _____

Restricted Permit #: _____

Fee Received: _____
