

PEST CONTROL BUSINESS COUNTY REGISTRATION

STATE OF CALIFORNIA

DEPARTMENT OF PESTICIDE REGULATION

PEST MANAGEMENT AND LICENSING BRANCH



COUNTY of VENTURA
Agriculture/Weights & Measures

REGISTRATION EXPIRATION DATE: DECEMBER 31, _____

FOR REGISTRATION IN COUNTY OF:

BUSINESS LOCATION:

MAIN ☐BRANCH ☐I need a User Name & Password ☐

BUSINESS NAME:

BUSINESS LICENSE NO:

ADDRESS:

CITY:

ZIP CODE:

TELEPHONE NUMBER:

EMAIL ADDRESS:

PEST CONTROL BUSINESS \$75.00 ☐MAINTENANCE GARDENER \$25.00 ☐

PEST CONTROL BUSINESS

REGISTRATION FEE RECEIVED \$ _____

QUALIFIED APPLICATOR'S SIGNATURE:

DATE:

Restricted Material(s) Possession Permit No. _____ condition(s) Attached

No restricted material may be possessed except in accordance with any attached condition(s). This is not a permit to apply.

☐ YES☐ NO

AGRICULTURAL COMMISSIONER'S SIGNATURE:

DATE:

OTHER INFORMATION AS NEEDED

LICENSEE INFORMATION:

Emergency Contact Phone No. _____

EMPLOYER:

Street Address: _____

City: _____ Zip Code: _____

Telephone: _____

VALID MEDICAL CERTIFICATE:

(FOR PILOTS ONLY)

☐ YES☐ NO

ATTACH CARD COPY HERE

FOR OFFICE USE ONLY

By: _____

Date Received: _____

Check No: _____

Receipt No: _____