AGRICULTURAL PEST CONTROL ADVISER COUNTY REGISTRATION PR-PML-091 (REV. 3/02)		STATE OF CALIFORNIA DEPARTMENT OF PESTICIDE REGULATION PEST MANAGEMENTAND LICENSING BRANCH	
			(YEAR)
	REGISTRATION EXPIRATION DATE: DECEMBER 31,		
	FOR REGISTRATION IN COUNTY OF:		
	ADVISER'S EMPLOYER		
	ADDRESS		
	CITY	ZIP CODE	TELEPHONE NUMBER
CARD IMPRI	NT AREA EMAIL ADDRESS		
REGISTRATION FEE RECEIVED \$	EMAIL ADDRESS		
	ADVISER'S SIGNATURE		
	WRITTEN RECOMMENDATIONS ARE A		T)
AGRICULTURAL COMMISSIONER	WRITTEN RECOMMENDATIONS ARE A	AVAILADLE AT (CITY & STREE	1)
1428 ABBOTT ST., SALINAS, CA 93901	EMERGENCY CONTACT PHONE NO.		
	AGRICULTURAL COMMISSIONER'S SIG	GNATURE	DATE
IMPRINTING COUNTY'S OFFICI	AL SEAL		

PLEASE VERIFY YOU HAVE THE FOLLOWING DOCUMENTS INCLUDED:



COPY OF PEST CONTROL ADVISOR LICENSE



SIGNED SIGNATURE AUTHORIZATION FORM (IF APPLICABLE)

SIGNED SUMMARY OF REGULATIONS