Los Angeles County Department of
Agricultural Commissioner/Weights & Measures
12300 Lower Azusa Road, Arcadia CA 91006-5872
Tel: (626) 575-5466 Fax: (626) 443-6652

AGRICULTURAL PEST CONTROL OPERATOR 2019 ANNUAL REGISTRATION APPLICATION

COMPANY INFORMATION									
Company name:				Business License No.:					
Company address:		City:		State:		ZIP Code:			
Company mailing address:		City:		State:		ZIP Code:			
Telephone of representative:		Fax number:		E-mail address:					
Do you have employees who will be handling pesticides? Yes No									

OFFICER OR OWNERS									
Last Name:		First Name:		Title:					
Address:		City:		State:		ZIP Code:			
Last Name:		First Name:		Title:					
Address:		City:		State:		ZIP Code:			

QUALIFIED APPLICATOR

Persons designated as agent to appear and act on behalf of the applicant in matters relating to the business of pest control.

Last Name:		First Name:		Qualified Applicator License/Certificate No.:	
Last Name:		First Name:		Qualified Applicator License/Certificate No.:	

LICENSE TYPES

- ☐ **A.** Residential, Industrial and Institutional
- ☐ **B.** Landscape Maintenance
- ☐ **C.** Right-of-Way
- ☐ **D.** Plant Agriculture
- ☐ **E.** Forest
- ☐ **F.** Aquatic
- ☐ **G.** Regulatory
- ☐ **H.** Seed Treatment
- ☐ **I.** Animal Agriculture
- ☐ **J.** Demonstration and Research
- ☐ **K.** Health Related
- ☐ **L.** Wood Preservatives (Subcategory of A and C)
- ☐ **M.** Antifouling Tributyltin
- ☐ **N.** Sewer Line Root Control
- ☐ **O.** Field Fumigation
- ☐ **P.** Microbial
- ☐ **Q.** Maintenance Gardener

**Note to Maintenance Gardeners: Although a Qualified Applicator License may be used to register as a Maintenance Gardener, other categories listed on the card do not allow you to perform pest control in categories other than B, C, or Q.*

EQUIPMENT TO BE USED IN THIS COUNTY

Maintenance Gardeners should list application equipment including hand sprayer and size (2 gal., etc.). Use reverse side if necessary.

Manufacturer	Air/Ground	Equipment Type	Vehicle License or Aircraft No.	Other

I certify that all information submitted on this application for registration is accurate and complete.

X _____ / _____ / _____

Signature of Authorized Representative | **Type or Print Name/Title** | **Date Signed**

Mail completed application and required fee to:
Los Angeles County Department of
Agricultural Commissioner/ Weights & Measures
12300 Lower Azusa Road, Arcadia, California 91006-5872

For County Use Only	**DR #**
New Application	**Application Fee**
Renewal	**Date Received**

If you suspect fraud or wrongdoing by a County employee, please report it to the
County Fraud Hotline at 1-800-544-6861 or www.lacountyfraud.org. You may remain anonymous.