

AGRICULTURAL PEST CONTROL OPERATOR 2022 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									
<i>Persons designated as agent to appear and act on behalf of the applicant in matters relating to the business of pest control.</i>									
Last Name:			First Name:			Qualified Applicator License/Certificate No.:			
Last Name:			First Name:			Qualified Applicator License/Certificate No.:			
LICENSE TYPES									
<input type="checkbox"/> A. Residential, Industrial and Institutional <input type="checkbox"/> B. Landscape Maintenance <input type="checkbox"/> C. Right-of-Way <input type="checkbox"/> D. Plant Agriculture <input type="checkbox"/> E. Forest			<input type="checkbox"/> F. Aquatic <input type="checkbox"/> G. Regulatory <input type="checkbox"/> H. Seed Treatment <input type="checkbox"/> I. Animal Agriculture <input type="checkbox"/> J. Demonstration and Research <input type="checkbox"/> K. Health Related			<input type="checkbox"/> L. Wood Preservatives (Subcategory of A and C) <input type="checkbox"/> M. Antifouling Tributyltin <input type="checkbox"/> N. Sewer Line Root Control <input type="checkbox"/> O. Field Fumigation <input type="checkbox"/> P. Microbial <input type="checkbox"/> Q. Maintenance Gardener			
<i>*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.</i>									
EQUIPMENT TO BE USED IN THIS COUNTY									
<i>Maintenance Gardeners should list application equipment including hand sprayer and size (2 gal., etc.). Use reverse side if necessary.</i>									
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