

# AGRICULTURAL PEST CONTROL OPERATOR 2016 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?

### 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

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