

# AGRICULTURAL PEST CONTROL OPERATOR 2024 ANNUAL REGISTRATION APPLICATION

COMPANY INFORMATION									
Company name:					Business License No.:				
Company address:				City:		State:		ZIP Code:	
Company mailing address:				City:		State:		ZIP Code:	
Telephone:			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"/> <b>A.</b> Residential, Industrial and Institutional <input type="checkbox"/> <b>B.</b> Landscape Maintenance <input type="checkbox"/> <b>C.</b> Right-of-Way <input type="checkbox"/> <b>D.</b> Plant Agriculture <input type="checkbox"/> <b>E.</b> Forest			<input type="checkbox"/> <b>F.</b> Aquatic <input type="checkbox"/> <b>G.</b> Regulatory <input type="checkbox"/> <b>H.</b> Seed Treatment <input type="checkbox"/> <b>I.</b> Animal Agriculture <input type="checkbox"/> <b>J.</b> Demonstration and Research <input type="checkbox"/> <b>K.</b> Health Related			<input type="checkbox"/> <b>L.</b> Wood Preservatives (Subcategory of A and C) <input type="checkbox"/> <b>M.</b> Antifouling Tributyltin <input type="checkbox"/> <b>N.</b> Sewer Line Root Control <input type="checkbox"/> <b>O.</b> Field Fumigation <input type="checkbox"/> <b>P.</b> Microbial <input type="checkbox"/> <b>Q.</b> 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

<b>For County Use Only</b>	DR #
Date Received:	Application Fee:
<b>Cash</b>	<b>Check</b>