

# AGRICULTURAL PEST CONTROL OPERATOR 2025 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:	Email address:	
Do you have employees who will be handling pesticides? <input type="radio"/> Yes <input type="radio"/> No			

### OFFICERS OR OWNERS

Last Name:	First Name:	Title:
Address:	City:	State: ZIP Code:
Last Name:	First Name:	Title:
Address:	City:	State: ZIP Code:

### QUALIFIED APPLICATOR(S)

*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"/> K. Health Related       |
| <input type="checkbox"/> B. Landscape Maintenance                     | <input type="checkbox"/> G. Regulatory                 | <input type="checkbox"/> L. Soil Fumigation      |
| <input type="checkbox"/> C. Right-of-Way                              | <input type="checkbox"/> H. Seed Treatment             | <input type="checkbox"/> M. Non-Soil Fumigation  |
| <input type="checkbox"/> D. Plant Agriculture                         | <input type="checkbox"/> I. Animal Agricultural        | <input type="checkbox"/> Q. Maintenance Gardener |
| <input type="checkbox"/> E. Forest                                    | <input type="checkbox"/> J. Demonstration and Research |  |

*\*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:**  
 County of Los Angeles  
 Agricultural Commissioner/Weights & Measures  
 12300 Lower Azusa Road, Arcadia, California 91006-5872

<i>For County Use Only</i>	DR # <input style="width: 80px;" type="text"/>
Date Received: <input style="width: 80px;" type="text"/>	Application Fee: <input style="width: 80px;" type="text"/>
Cash <input type="checkbox"/>	Check <input type="checkbox"/>