

# PEST CONTROL BUSINESS COUNTY REGISTRATION

Registration for the \_\_\_\_\_ Year County: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Physical Address: \_\_\_\_\_

(City / State / Zip)

Mailing Address (if different than above): \_\_\_\_\_

(City / State / Zip)

Telephone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

This location is:  Main  Branch (Please attach your equipment list)

DPR Business License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ (Please attach a copy)

QAC/QAL Holder's Signature: \_\_\_\_\_

Qualified Applicator License (QAL) or Qualified Applicator Certificate (QAC) Holder:  
(Please provide a photocopy of your license or paste copy in box below.)

FOR COUNTY USE

Registration Fee Received:

\$ \_\_\_\_\_ Date: \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_

Receipt #: \_\_\_\_\_

Registration Date: \_\_\_\_\_

Restricted Permit #: \_\_\_\_\_  
*(If applicable)*

Agricultural Commissioner's Signature:

\_\_\_\_\_

**In order for your registration to be processed, you must include the following:**

- Completed County Registration Form
- A copy of your QAL or QAC
- A copy of your DPR Business License
- Completed equipment list
- Fee payment
  - o MGB - \$25.00
  - o PCB - \$75.00