



**Stanislaus County**  
**Agricultural Commissioner's Office and Sealer of Weights & Measures**  
**3800 Cornucopia Way, Suite B**  
**Modesto, Ca 95358**

State of California

**BUSINESS/LICENSE REGISTRATION**

Department of Pesticide Regulation  
 Pest Management & Licensing Branch

For Registration in County of:

Type of Registration:	In	Out
Pest Control Advisor <sup>1</sup>	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$5.00
Pilot Apprentice <sup>2,3</sup>	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$5.00
Pilot Journeyman <sup>2</sup>	<input type="checkbox"/> \$10.00	<input type="checkbox"/> \$5.00
Pest Control Business <sup>2</sup>		<input type="checkbox"/> \$50.00
Maintenance Gardener <sup>2</sup>		<input type="checkbox"/> \$25.00
Farm Labor Contractor <sup>2,4</sup>		<input type="checkbox"/> \$25.00
<input type="checkbox"/> Check#:	<input type="checkbox"/> Cash	Fee: \$

Registration Expiration Date: December 31, \_\_\_\_\_ (Year)

**CONTACT INFORMATION**

Name: \_\_\_\_\_

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

Cell #: \_\_\_\_\_

Alternate #: \_\_\_\_\_

Fax #: \_\_\_\_\_

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

*Photocopy Valid Professional License Here*

**PEST CONTROL ADVISOR <sup>1</sup>**

Advisor's Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

If Written Rec's address is same as above check here

Written Recs are available (Street & City): \_\_\_\_\_

**BUSINESS <sup>2</sup>/ FARM LABOR CONTRACTOR <sup>4</sup>**

Location:     Main     Branch     Not Applicable

Name: \_\_\_\_\_

License #: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

**Extra Notes:**

If Apprentice Pilot: Name(s) of Journeyman Pilot(s) Registered in County of Providing Supervision <sup>3</sup>

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Registration Conditions and worker safety information reviewed and received <sup>4</sup> Yes    No

_____	_____
Licensee Signature	Date
_____	_____
Agricultural Commissioner's Signature By	Date