

PEST CONTROL AIRCRAFT PILOT COUNTY REGISTRATION



MERCED COUNTY AGRICULTURAL COMMISSIONER'S OFFICE

2139 WARDROBE AVE., MERCED, CA 95340

FOR REGISTRATION IN COUNTY OF:		REGISTRATION EXPIRATION DATE: DECEMBER 31, _____ (YEAR)	
PILOT'S EMPLOYER:		EMPLOYER TELEPHONE NUMBER:	
PILOT'S NAME:		PILOT'S ADDRESS:	
CITY:	STATE:	ZIP CODE:	TELEPHONE NUMBER:
CELL PHONE OR EMERGENCY CONTACT NUMBER:		FAX NUMBER:	
IF APPRENTICE PILOT: NAME(S) OF JOURNEYMAN PILOT(S) REGISTERED IN COUNTY PROVIDING SUPERVISION			
PILOT'S SIGNATURE:		DATE:	
VALID MEDICAL CERTIFICATE (FOR PILOTS ONLY): <input type="checkbox"/> YES <input type="checkbox"/> NO			
OFFICE USE ONLY			
AGRICULTURAL COMMISSIONER'S SIGNATURE: DAVID ROBINSON BY		DATE:	REGISTRATION FEE RECEIVED: \$ _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____ RECEIPT# _____ <input type="checkbox"/> CREDIT CARD

PLEASE ATTACH:

1. COPY OF PILOT PEST CONTROL CERTIFICATE