

PEST CONTROL ADVISER 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)	
ADVISER'S NAME:		ADVISER'S EMPLOYER:	
ADDRESS:			
CITY:	STATE:	ZIP CODE:	TELEPHONE NUMBER:
CELL PHONE OR EMERGENCY CONTACT NUMBER:		FAX NUMBER:	
		EMAIL:	
DO YOU HAVE EMPLOYEES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADVISER'S SIGNATURE:		DATE:	
WRITTEN RECOMMENDATIONS ARE AVAILABLE AT (CITY & STREET):			
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 PEST CONTROL ADVISER CARD