

PEST CONTROL ADVISOR COUNTY REGISTRATION	STATE OF CALIFORNIA DEPARTMENT OF PESTICIDE REGULATION PEST MANAGEMENT AND LICENSING BRANCH	
	REGISTRATION EXPIRATION DATE: DECEMBER 31, _____	
	FOR REGISTRATION IN COUNTY OF: GLENN	

NAME:		
ADDRESS:		
CITY:	ZIP CODE:	TELEPHONE NUMBER:

EMPLOYER:		
ADDRESS:		
CITY:	ZIP CODE:	TELEPHONE NUMBER:

WRITTEN RECOMMENDATIONS ARE AVAILABLE AT (CITY & STREET)
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<div>ADVISOR'S SIGNATURE</div>

REGISTRATION CARD:	ADDITIONAL INFORMATION/COMMENTS

ISSUING COUNTY'S ADDRESS: GLENN COUNTY DEPARTMENT OF AGRICULTURE 720 N. COLUSA STREET WILLOWS, CA 95988 (530) 934-6501	REGISTRATION FEE RECEIVED \$_____	
	CASH_____ CHECK # _____	
	AGRICULTURAL COMMISSIONER'S SIGNATURE	
	Marcie Sketlon BY:	DATE: