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| <b>PEST CONTROL AIRCRAFT PILOT<br/>COUNTY REGISTRATION</b> | STATE OF CALIFORNIA<br>DEPARTMENT OF PESTICIDE REGULATION<br>PEST MANAGEMENT AND LICENSING BRANCH |  |
|  | REGISTRATION EXPIRATION DATE: DECEMBER 31, _____  |  |
|  | FOR REGISTRATION IN COUNTY OF: <b>GLENN</b>   |  |

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

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

|   |
|---|
| VALID MEDICAL CERTIFICATE:   YES _____ NO _____ |
|---|

|                   |
|-------------------|
| PILOT'S SIGNATURE |
|-------------------|

|                    |                                 |
|--------------------|---------------------------------|
| REGISTRATION CARD: | ADDITIONAL INFORMATION/COMMENTS |
|                    |                                 |
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|   |                                       |       |
|---|---------------------------------------|-------|
| ISSUING COUNTY'S ADDRESS:<br><br><br>GLENN COUNTY<br>DEPARTMENT OF AGRICULTURE<br>720 N. COLUSA STREET<br>WILLOWS, CA 95988<br>(530) 934-6501 | REGISTRATION FEE RECEIVED \$_____     |       |
|   | CASH _____ CHECK # _____              |       |
|   | AGRICULTURAL COMMISSIONER'S SIGNATURE |       |
|   | Marcie Skelton BY:                    | DATE: |