

PEST CONTROL AIRCRAFT PILOT COUNTY REGISTRATION

Aircraft Pilot Pest Control Certificate Copy Here
or Attach Electronically

Registration Expiration Date:
December 31, _____ (Year)

For Registration In County Of:
Glenn

Address

City _____ Zip Code _____

If Apprentice Pilot: Name(s) of Journeyman
Pilot(s) registered in County providing
supervision.

Pilot's Signature _____ Date _____



Glenn County
Agricultural Commissioner
720 N. Colusa Street
Willows, CA 95988
(530)934-6501
agcommr@countyofglenn.net

Agricultural Commissioner's
Signature by: _____ Date _____

Mailing Address (if different from above)

City _____ State _____ Zip _____

E-Mail Address:

Office Phone #: _____

Pilot Cell #: _____

Fax #: _____

Additional Information:

Valid Medical Certificate? Yes No
(Please Attach)

Cash: Check: Credit:

Online Payment Confirmation# _____

Registration Fee Received: (County Use Only)

\$ _____ Date: _____

Cash _____ Check# _____

Receipt # _____

Online Payment Verified by Accounting: