## **PEST CONTROL ADVISER**

## **COUNTY REGISTRATION**



## TUOLUMNE COUNTY AGRICULTURAL COMMISSIONER'S OFFICE

2 SOUTH GREEN STREET, SONORA, CALIFORNIA 95370

REGISTRATION EXPIRA	ATION DATE	DECEMBER 3:	1, (YEAR)		
FOR REGISTRATION IN COUNTY OF:					
ADVISER'S NAME			TELEPHO	TELEPHONE NUMBER	
ADVISER'S MAILING ADDRESS		CITY	STATE	ZIP CODE	
ADVISER'S EMAIL ADDRESS					
ARE YOU SELF-EMPLOYED? WRITTEN RECOMMENDAT	TIONS ARE AVAIL	ABLE AT (STREET & (	CITY)		
ADVISOR'S EMPLOYER			TELEPHO	TELEPHONE NUMBER	
BUSINESS PHYSICAL ADDRESS	СІТҮ	STATE	ZIP CODE		
PEST CONTROL ADVISER'S SIGNATURE			DATE		
OFFICE USE ONLY	RECEIPT #				
AGRICULTURAL COMMISSIONER'S SIGNATURE	DATE				
PLEASE ATTACH:  1. Copy of Pest Control Ac 2. If not based in Tuolumr Form provided by your  * H	ne County, sub "Home Base C	mit Pest Control ounty" * : Where you keep	Adviser County	Registration ons.	

**CARD COPY HERE** 

(PEST CONTROL ADVISER LICENSE)