


Agricultural Pest Control Adviser County Registration Form		State of California Department of Pesticide Regulation Pest Management And Licensing Branch	
For Registration in the County of:		Registration Expiration Date: December 31, _____	
Adviser's Name:		Written Recommendations Are Available At (City & Street):	
Mailing Address:		Email:	
City:	Zip Code:	Telephone Number:	
Adviser's Employer:			
Employer's Address:			
City:	Zip Code:	Telephone Number:	
Adviser's Signature:		Date:	
PCA's Card:		Additional Information/Comments:	
Issuing County's Address:  El Dorado County Department of Agriculture 311 Fair Lane Placerville, CA 95667		Registration Fee Received: \$ _____	
		Cash _____	Check # _____
		Agriculture Commissioner's Signature:	
		Date:	