

PEST CONTROL ADVISER COUNTY REGISTRATION



MERCED COUNTY AGRICULTURAL COMMISSIONER'S OFFICE

2139 WARDROBE AVE., MERCED, CA 95341

FOR REGISTRATION IN COUNTY OF:		REGISTRATION EXPIRATION DATE: DECEMBER 31, _____(YEAR)	
ADVISER'S NAME:		ADVISER'S EMPLOYER:	
ADDRESS:			
CITY:	STATE:	ZIP CODE:	TELEPHONE NUMBER:
CELL PHONE OR EMERGENCY CONTACT NUMBER:		FAX NUMBER:	
		EMAIL:	
DO YOU HAVE EMPLOYEES? ☐ YES ☐ NO			
ADVISER'S SIGNATURE:		DATE:	
WRITTEN RECOMMENDATIONS ARE AVAILABLE AT (CITY & STREET):			
OFFICE USE ONLY			
AGRICULTURAL COMMISSIONER'S SIGNATURE: SEAN RUNYON BY		DATE:	REGISTRATION FEE RECEIVED: \$ _____ ☐ CASH ☐ CHECK# _____ RECEIPT# _____ ☐ CREDIT CARD

PLEASE ATTACH:

1. COPY OF PEST CONTROL ADVISER CARD