

PEST CONTROL BUSINESS 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)	
BUSINESS NAME:		BUSINESS LICENSE NO:	
BUSINESS ADDRESS:		BUSINESS LOCATION: ☐ MAIN ☐ BRANCH	
CITY:	STATE:	ZIP CODE:	TELEPHONE NUMBER:
CELL PHONE OR EMERGENCY CONTACT NUMBER:		EMAIL:	
QUALIFIED APPLICATOR'S SIGNATURE:		DATE:	
Registration No. _____ ☐ Restricted Material Use ☐ Non-Restricted Material Use		CONDITION(S) ATTACHED: ☐ YES ☐ NO	
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 BUSINESS LICENSE.
2. COPY OF EQUIPMENT LIST.
3. COPY OF QAL CARD.
4. COPY OF DOCTOR'S MEDICAL SUPERVISION AGREEMENT (IF APPLICABLE)

**Merced County Permit Conditions are available at: <https://www.countyofmerced.com/2254/Permit-Conditions>

**APPLICATION FOR PEST CONTROL
EQUIPMENT REGISTRATION**

PR-ENF-058 (REV. 4/95)

____ COUNTY

FOR CALENDAR YEAR ENDING DECEMBER 31, ____

NAME - (under which applicant is engaged in business)

LIST BELOW ALL EQUIPMENT TO BE USED IN THIS COUNTY. INDICATE APPLICABLE
TYPE OF EQUIPMENT: FOR AIRCRAFT, SHOW FIXED WING OR HELICOPTER. FOR
GROUND, SHOW SPEED SPRAYER, POWER DUSTER, HAND GUN, ETC.

MANUFACTURER	AIR	GROUND	EQUIPMENT TYPE	VEHICLE LIC. OR AIRCRAFT "N" NO.	OTHER I.D.
1.	☐	☐			
2.	☐	☐			
3.	☐	☐			
4.	☐	☐			
5.	☐	☐			
6.	☐	☐			
7.	☐	☐			
8.	☐	☐			
9.	☐	☐			
10.	☐	☐			
11.	☐	☐			
12.	☐	☐			
13.	☐	☐			
14.	☐	☐			
15.	☐	☐			
16.	☐	☐			
17.	☐	☐			
18.	☐	☐			
19.	☐	☐			
20.	☐	☐			

I HEREBY CERTIFY THAT MY GROUND EQUIPMENT IS PROPERLY MARKED AND THAT THE INFORMATION CONTAINED IN THIS
APPLICATION IS TRUE AND CORRECT.

SIGNATURE

DATE