COUNTY AGRICULTURAL PEST CONTROL BUSINESS REGISTRATION

LISA M. LEONDIS
AGRICULTURAL COMMISSIONER
SEALER OF WEIGHTS AND MEASURES

COUNTY OF SAN DIEGO
DEPARTMENT OF AGRICULTURE, WEIGHTS AND MEASURES
9325 Hazard Way, Suite 100, San Diego, CA 92123
WWW.SDCAWM.ORG

PESTICIDE REGULATION PROGRAM
(858) 694-8980
FAX (858) 467-9277

2012 REGISTRATION YEAR ☐ Renewal ☐ New ☐ Ag Pest Control Business Registration $75.00

San Diego County Based? ☐ Yes ☐ Change in Qualified Applicator ☐ Maintenance Gardener Business Registration $25.00

BUSINESS LICENSE NUMBER **BUSINESS LICENSE EXPIRATION DATE** **AMOUNT ENCLOSED** $ _____

☐ **Check here if contact information has changed. Please indicate changes on reverse side.**

BUSINESS NAME	**BUSINESS TELEPHONE NUMBER**	
BUSINESS ADDRESS	**BUSINESS FAX NUMBER**	
CITY	**STATE**	**ZIP CODE**
BUSINESS E-MAIL ADDRESS		
HEADQUARTER ADDRESS (If Different)		
CITY	**STATE**	**ZIP CODE**

QUALIFIED APPLICATOR INFORMATION (Person Responsible for Pesticide Use)

APPLICATOR NAME	**CATEGORIES**

QUALIFIED APPLICATOR NUMBER **EXPIRATION DATE**

PEST CONTROL BUSINESS SURVEY

Did you apply pesticides as part of a maintenance contract following landscape installations? ☐ **YES** ☐ **NO**

Did employees handle pesticides? ☐ **YES** ☐ **NO**

Did you have a Restricted Materials Permit last year? ☐ **YES** ☐ **NO**

PERMIT NUMBER
Last 7 Characters

Restricted Material used last year? ☐ **YES** ☐ **NO**

Where did your company purchase pesticides last year? _____

Other counties you perform work in: **ORANGE** ☐ **SAN BERNARDINO** ☐ **IMPERIAL** ☐ **RIVERSIDE** ☐ **LOS ANGELES** ☐ **VENTURA** ☐ Other: _____

How would you like your form returned to you? ☐ **Mail** ☐ **E-mail** ☐ **Fax**

QUALIFIED APPLICATOR'S SIGNATURE **DATE**

AGRICULTURAL COMMISSIONER'S SIGNATURE **FOR LISA M. LEONDIS** **INSP #** **PCB REGISTRATION DATE**