PEST CONTROL BUSINESS COUNTY REGISTRATION		STATE OF CALIFORNIA  DEPARTMENT OF PESTICIDE REGULATION  PEST MANAGEMENT AND LICENSING BRANCH		
		REGISTRATION EXPIRATION DATE: DECEMBER 31.		
		FOR REGISTRATION IN COUNTY OF:		
NAME:				
ADDRESS:				
CITY:	ZIP CODE:	TELEPHONE NUMBER:		
BUSINESS NAME:		BUSINESS LICENSE NO:		
ADDRESS:		BUSINESS LOCATION: MAIN BRANCH		
CITY:	ZIP CODE:	TELEPHONE NUMBER		
Restricted Material (s) Possession Permit No				
No Restricted Material may be possessed except in accordance with any attached conditions(s). This is not a permit to apply.				
CONDITION(S) ATTACHED YE	es No	QUALIFIED APPLICATOR'S SIGNATURE		DATE:
REGISTRATION CARD		ADDITIONAL INFORMATION/COMMENTS		
ISSUING COUNTY'S ADDRESS		REGISTRATION FEE RECEIVED \$		
	COUNTY OF AGRICULTURE AVENUE	CASH	CHECK#_	
		AGRICULTURE COMMISSIONER'S SIGNATURE		
	, CA 95603 89-7372			DATE: