### **AGRICULTURAL PEST CONTROL**



## **BUSINESS 2024 Registration**

FEE \$96.60

www.sbcounty.gov/awm

| Name of Business:                          |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| This location is:  Main  Branch            |  |  |  |  |  |  |
| Does this location have employees: Yes No  |  |  |  |  |  |  |
| Pest Control Business License #            | Exp. Date  |  |  |  |  |  |
| (Required)                                 |  |  |  |  |  |  |
| Mailing Address: (If different)            |  |  |  |  |  |  |
| Primary Telephone                          | _  |  |  |  |  |  |
| Business Fax                               | _  |  |  |  |  |  |
| E-mail address:                            |  |  |  |  |  |  |
| Alternate Phone                            |  |  |  |  |  |  |
| Qualified Applicator License (QAL) holder: | Business Owner Name<br>(if different than the QAL) |  |  |  |  |  |
| Print Name:                                | (,, -,,,, -, -, -, -, -, -, -, -, -, -, -          |  |  |  |  |  |
| Signature:                                 |  |  |  |  |  |  |
| Date:                                      | Print  |  |  |  |  |  |
|  | Does business need a Restricted Materials Permit?  |  |  |  |  |  |
| Diagon a comunificación CAL cound have     | NO   |  |  |  |  |  |
| Place a copy of your QAL card here         | YES Permit #                                       |  |  |  |  |  |
|  | New Renewal  |  |  |  |  |  |

# **2024 Registration**

## **PEST CONTROL EQUIPMENT**

LIST BELOW ALL POWER EQUIPMENT TO BE USED IN SAN BERNARDINO COUNTY
INDICATE APPLICABLE TYPE OF EQUIPMENT
FOR AIRCRAFT - SHOW FIXED WING OR HELICOPTER
FOR GROUND - SHOW SPEEDSPRAYER, POWERDUSTER, HAND GUN, ETC.

| Manufacturer<br>Name | Air | Ground | Equipment Type | Vehicle Lic No. or<br>Aircraft "N" No. | Other ID |
|----------------------|-----|--------|----------------|--|----------|
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|                      |     |        |                |  |          |

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

Business:

Print Name:

Date: