



# PEST CONTROL ADVISER

## 2024 Registration

Adviser Name: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
*(Required)*

Mailing Address: \_\_\_\_\_  
*(If different)*

Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

Cell / Emergency Phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*Physical location where Recommendations are stored (if Adviser is outside County) :*  
\_\_\_\_\_  
\_\_\_\_\_

Date Submitted: \_\_\_\_\_

Information  
from CA DPR  
issued Card

Name	_____
Card # (w/ Categories)	_____
Issue date	_____
Exp date	_____
Address on Card	_____
	_____
	_____

**San Bernardino County Department of Agriculture / Weights & Measures**

**777 East Rialto Avenue, San Bernardino, CA 92415-0720**

**(909) 387-2105**

**(800) 734-9459**

**Fax (909)387-2449**

**[www.sbcounty.gov/awm](http://www.sbcounty.gov/awm)**

**Submit by E-mail**

If the "Submit by E-mail" button fails, you can manually e-mail it to:  
**[awm@awm.sbcounty.gov](mailto:awm@awm.sbcounty.gov)**