



PEST CONTROL ADVISER 2025 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

Submit by E-mail

If the "Submit by E-mail" button fails, you can manually e-mail it to:
awm@awm.sbcounty.gov