



PEST CONTROL AIRCRAFT PILOT 2025 Registration

Pilot Name: _____

Check one:

Journeyman

Apprentice

If Apprentice, provide Name and Pilot License # of Journeyman Pilot registered in County supervising you:

Name: _____

Lic # : _____

Employer's Name: _____

Physical Address: _____

(Required)

Mailing Address: _____

(If different)

Telephone # _____

Fax # _____

Cell / Emergency Phone # _____

E-mail Address: _____

Date Submitted: _____

Information
from CA DPR
issued Card

Name	_____
Card # (w/ Category)	_____
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

If the wish to submit your registration by e-mail, please submit the completed form to:

awm@awm.sbcounty.gov