PEST CONTROL AIRCRAFT PILOT

2026 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