

**PEST CONTROL AIRCRAFT PILOT COUNTY REGISTRATION**

STATE OF CALIFORNIA  
DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT AND LICENSING PROGRAM

LIC. EFFECTIVE DATE _____ LIC. EXPIRATION DATE _____  _____ PILOT LICENSE NUMBER		REGISTRATION EXPIRATION : <b>DECEMBER 31, 2018</b>	
NAME: _____		FOR REGISTRATION IN COUNTY OF:  <p style="text-align: center;"><b>RIVERSIDE</b></p>	
ADDRESS: _____  CITY _____ STATE _____ ZIP _____		ADDRESS: _____  BUS. PHONE # : _____  CITY: _____ STATE: _____ ZIP: _____	
APPRENTICE CERTIFICATE <input type="checkbox"/> <input type="checkbox"/> JOURNEYMAN CERTIFICATE <input type="checkbox"/> <input type="checkbox"/>		EMAIL ADDRESS: _____	
REGISTRATION FEE RECEIVED \$ _____  <p style="text-align: center;"><b>AGRICULTURAL COMMISSIONER COUNTY OF RIVERSIDE 4080 LEMON STREET, ROOM 19 PO BOX 1089 RIVERSIDE, CA 92502-1089</b></p> IMPRINTING COUNTY'S OFFICIAL STAMP		IF APPRENTICE PILOT-NAME(S) OF JOURNEYMAN PILOT(S) REGISTERED IN COUNTY PROVIDING SUPERVISION  _____	
		PILOT'S SIGNATURE _____	DATE _____
		AGRICULTURAL COMMISSIONER'S SIGNATURE _____	DATE _____

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		PILOT'S SIGNATURE _____	DATE _____
		AGRICULTURAL COMMISSIONER'S SIGNATURE _____	DATE _____

**\*PLEASE FILL OUT BOTH REGISTRATION FORMS AND SUBMITT WITH FEES  
COPY OF FORM WILL BE MAILED BACK WITH YOUR RECEIPT\***