

**AGRICULTURAL PEST CONTROL ADVISER COUNTY REGISTRATION**

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

LIC. EFFECTIVE DATE _____ LIC. EXPIRATION DATE _____ PCA LICENSE NUMBER _____ CATEGORIES _____ NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PCA CARD INFORMATION AREA	REGISTRATION EXPIRATION DATE: <b>DECEMBER 31, 2025</b>
	FOR REGISTRATION IN COUNTY OF: <b>RIVERSIDE</b>
	ADVISER'S EMPLOYER: _____
	ADDRESS: _____
	BUS. PHONE #: _____
	CITY: _____ STATE: _____ ZIP: _____
REGISTRATION FEE RECEIVED \$ _____ <b>AGRICULTURAL COMMISSIONER COUNTY OF RIVERSIDE PO BOX 1089 RIVERSIDE, CA 92502-1089</b> IMPRINT COUNTY'S OFFICIAL SEAL	EMAIL ADDRESS: _____
	ADVISER'S SIGNATURE _____
	WRITTEN RECOMMENDATIONS ARE AVAILABLE AT(CITY & STREET) _____
	AGRICULTURAL COMMISSIONER'S SIGNATURE _____ DATE _____

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

**TRANSACTION ID# FOR ONLINE PAYMENTS**  
**IF FEES ARE PAID ONLINE, REGISTRATION FORMS ARE STILL REQUIRED TO BE SUBMITTED TO OUR OFFICE.**