

PEST CONTROL AIRCRAFT PILOT COUNTY REGISTRATION

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING

PROGRAM		REGISTRATION EXPIRATION: DECEMBER 31, 2025	
LIC. EFFECTIVE DATE _____ LIC. EXPIRATION DATE _____		FOR REGISTRATION IN COUNTY OF:	
PILOT LICENSE NUMBER _____		RIVERSIDE	
NAME: _____		ADDRESS: _____	
ADDRESS: _____		BUS. PHONE #: _____	
CITY _____ STATE _____ ZIP _____		CITY: _____ STATE: _____ ZIP: _____	
APPRENTICE CERTIFICATE <input type="checkbox"/> JOURNEYMAN CERTIFICATE <input type="checkbox"/>		EMAIL ADDRESS: _____	
REGISTRATION FEE RECEIVED \$ _____ AGRICULTURAL COMMISSIONER COUNTY OF RIVERSIDE 3403 10th ST., STE 701 PO BOX 1089 RIVERSIDE, CA 92502-1089 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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***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.