DEPARTMENT OF AGRICULTURE/WEIGHTS & MEASURES

Andrew F. Smith

Agricultural Commissioner Sealer of Weights & Measures



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sonomacounty.ca.gov/AWM

AGRICULTURAL PEST CONTROL ADVISOR REGISTRATION

FOR REGISTRATION IN COUNTY OF:		
ADVISOR'S EMPLOYER:		
BUSINESS PHYSICAL ADDRESS:		
CITY:	STATE:	ZIP:
BUSINESS MAILING ADDRESS SAME AS PHYSICAL ADDRESS? ☐ YES ☐ NO	If no, please list I	MAILING ADDRESS below:
BUSINESS MAILING ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:	_ PHONE:	
WRITTEN RECOMMENDATIONS ARE AVAILABLE AT (address):		
CITY:	STATE:	ZIP:
IS SONOMA "HOME COUNTY"? ☐ YES ☐ NO If no, please list "home co	unty":	
TO COMPLETE REGISTRATION, THE FOLLOWING DOCUMENT MUST BE ATTAC	HED:	
☐ Copy of Pest Control Advisor's License or Verification from Departme	nt of Pesticide Regu	lation's website
For a list of PCA requirements and/or curren please contact the Department of Agriculture/Weights		
PEST CONTROL ADVISOR'S NAME (print):		
PEST CONTROL ADVISOR'S SIGNATURE:		
For current registration fees, please visit http://sonomacounty.ca.gov/AWM/fee	<u>es</u> .	
OFFICIAL USE ONLY		
COUNTY OFFICIAL'S NAME (print):		
COUNTY OFFICIAL'S SIGNATURE:		
REGISTRATION FEE RECEIVED: \$		☐ CHECK ☐ CREDIT CARD