



COUNTY OF SAN MATEO

PEST CONTROL BUSINESS MAINTENANCE GARDENER 20____ REGISTRATION

Name of Business: _____
This location is: Main Branch (Please attach your equipment list)

DPR Business License # _____ Exp. Date: _____ (Please attach a copy)
 Ag Pest Control Business Maintenance Gardener Business

Physical Address: _____

Mailing Address : _____
(if different than above) _____

Telephone Number: _____ Fax #: _____

E-Mail Address: _____

Qualified Applicator License or Qualified Applicator Certificate Holder: (Please provide a photocopy of your license.)

Print Name: _____ Date: _____

License Number: _____ Expiration Date: _____

Signature: _____

In order for your registration to be processed, you must include the following:

- Completed County Registration Form
- A copy of your QAL or QAC
- A copy of your DPR Business License
- Completed equipment list
- Fee – Checks payable to **San Mateo County**
\$60 for Ag PCB, \$25 for Maintenance Gardener

If registering by mail - send to:
San Mateo County Department of Agriculture
PO Box 999
728 Heller Street
Redwood City, CA 94064-0999

FOR COUNTY USE

Registration Date: _____

Restricted Permit #: _____
(If applicable)

Fee Received: _____

Check # _____

Receipt #: _____

Agricultural Commissioner's Signature:

Biologist _____