

**MARIPOSA COUNTY DEPARTMENT OF AGRICULTURE
& WEIGHTS AND MEASURES**
OFFICE OF AGRICULTURAL COMMISSIONER/SEALER
Post Office Box 905, 5009 Fairgrounds Road
Mariposa, California 95338-0905



Phone (209) 966-2075
Fax (209) 966-2056
agcomm@mariposacounty.org

Agricultural Pest Control Business (PCB) County Registration Form

For Registration in the County of	Registration Year	Registration Expires	Registration Fees Submitted	\$ 50.00
Pest Control Business		Business License #		
Email		Business Location <input type="checkbox"/> Main <input type="checkbox"/> Branch		
Business Address		City	State	Zip
Business Phone Number		Cell Number	Fax Number	
Qualified Applicators Name			QAL #	
Restricted Material(s) Possession Permit No.		Conditions Attached <input type="checkbox"/> Yes <input type="checkbox"/> No		
No restricted material may be possessed except in accordance with any attached condition(s). This is not a permit to apply.				
<i>I certify the above information is correct. I have completed and submitted all required forms and registration fees.</i>				
QAL's Signature			Date	

COPY OF QAL CARD

DEPARTMENT OF AGRICULTURE USE ONLY

Copy of DPR Pest Control License	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Copy of Home County Registration	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Copy of Equipment List	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Copy of last inspection	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Dept of Ag Staff				Date	
Received By	Received Date	Receipt Number	Cal Ag Entered	Entered By	

Make Checks Payable to: Mariposa County Treasurer

**APPLICATION FOR PEST CONTROL
EQUIPMENT REGISTRATION**

PR-ENF-058 (REV.4/95)

_____ COUNTY

FOR CALENDAR YEAR ENDING DECEMBER 31, _____

NAME - (UNDER WHICH APPLICANT IS ENGAGED IN BUSINESS)

LIST BELOW ALL EQUIPMENT TO BE USED IN THIS COUNTY. INDICATE APPLICABLE
TYPE OF EQUIPMENT: FOR AIRCRAFT, SHOW FIXED WING OR HELICOPTER. FOR
GROUND, SHOW SPEED SPRAYER, POWER DUSTER, HAND GUN, ETC.

MANUFACTURER	AIR	GROUND	EQUIPMENT TYPE	VEHICLE LIC. OR AIRCRAFT NO.	OTHER I.D.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

I HEREBY CERTIFY THAT MY GROUND EQUIPMENT IS PROPERLY MARKED AND THAT THE INFORMATION
CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

SIGNATURE

DATE