## **License/Business Registration**

Santa Cruz County Agricultural Department

$(\downarrow \text{check one }\downarrow)$	
Pest Control Business / PCB	Registration Year
Dest Control Advisor / PCA	
Landscape Maintenance Gardner / LMG	
Farm Labor Contractor / FLC	photocopy
Structural Pest Control Business / SPCB	valid
□ Branch 1	FLC license here
□ Branch 2	
□ Branch 3	
□ Pilot Journeyman	
□ Pilot Apprentice	٤
Fee \$ <u>25.00</u> Cash Check <b>X</b> /2	
Name(print name)	$\_$ / Qualifying Mgr. Branch Super. ( $\leftarrow$ circle one if SPCB)
Professional license # <u>N/A</u>	(e.g., QAL, PCA, OPR, FR)
Business name	_ R/M Permit # (if applicable) N/A
Business license #	/ Registration # (only for SPCB)
Address	/ Principle Office Branch Office (← circle one if SPCB)
Telephone ( ) Emer	rgency ( )
Cell phone ( )	Fax ( )
E-mail address	
Licensee signature I certify that the information provided is TRU	date
Ag Dept. signature	