License/Business Registration

Santa Cruz County Agricultural Department

(↓ check one ↓)

Registration Year _____ ☐ Pest Control Business / PCB ☐ Pest Control Advisor / PCA _____ ☐ Landscape Maintenance Gardner / LMG ☐ Farm Labor Contractor / FLC photocopy ☐ Structural Pest Control Business / SPCB valid professional license / certificate ☐ Branch 1 □ Branch 2 here ☐ Branch 3 ☐ Pilot Journeyman ☐ Pilot Apprentice Fee \$ Cash Check Online N/A (← circle payment method; make checks payable to "Santa Cruz County Ag") $Name \underline{\hspace{1cm}} / \quad Qualifying \ Mgr. \quad Branch \ Super. \quad (\leftarrow \ circle \ one \ if \ SPCB)$ Professional license # ______ (e.g., QAL, PCA, OPR, FR) R/M Permit # (if applicable) Business name _____ (print name) Business license # ______ / Registration # ______ (only for SPCB) Address ______ / Principle Office Branch Office (← circle one if SPCB)) ______ - ____ Emergency (Telephone ()_____-Cell phone () _____ - ___ Fax (E-mail address I certify that the information provided is TRUE and CORRECT Ag Dept. signature ______ date _____