



San Joaquin County Agricultural Commissioner
 2101 E Earhart Ave., Suite 100, Stockton, CA 95206

Tel: (209) 953-6000
 Fax: (209) 953-6022
 Email: stocktonag2@sjgov.org

Agricultural Pest Control Business County Registration

Online Registration Instruction

1. Complete Registration Form
2. Complete Equipment List
3. Print
4. Go to "Online Payments" for Online Payment Method
5. Email the Following to stocktonag2@sjgov.org:
 - Completed Registration Form & Equipment List
 - Copy of DPR Business License (**valid for registering year**)
 - Copy of Qualified Applicator License (**valid for registering year**)
6. **If you are registering by mail**, mail the above with a check or Money Order to: 2101 E Earhart Ave., Ste. 100, Stockton, CA 95206

Registration is not valid until you receive the signed registration form from the Agricultural Commissioner.

REGISTRATION EXPIRATION DATE: DECEMBER 31,			
(YEAR)			
<i>FOR REGISTRATION IN COUNTY OF: SAN JOAQUIN</i>			
Business Name		MUST BE VALID FOR REGISTERING YEAR	
		DPR Business License No.	DPR Business License. Exp.
Business Location <input type="checkbox"/> Main <input type="checkbox"/> Branch	Business Phone No.	Application By <input type="checkbox"/> AIR <input type="checkbox"/> GROUND	Do You Have Employees? <input type="checkbox"/> YES <input type="checkbox"/> NO
Business Mailing Address		City	State Zip Code
Business Physical Address (if different from Mailing Address)		City	State Zip Code
Business Email Address:			
Qualified Applicator's Name		MUST BE VALID FOR REGISTERING YEAR	
		Qualified Applicator License No.	Qualified Applicator License Exp.
Qualified Applicator's Contact Phone No.			
Qualified Applicator's Signature			Date
RESTRICTED MATERIAL(S) POSSESSION: <input type="checkbox"/> YES <input type="checkbox"/> NO PERMIT NUMBER:		NO RESTRICTED MATERIAL MAY BE POSSESSED EXCEPT IN ACCORDANCE WITH ANY ATTACHED CONDITION(S). THIS IS NOT A PERMIT TO APPLY.	CONDITION(S) ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
REGISTRATION FEE: \$50.00 <input type="checkbox"/> Credit Card <input type="checkbox"/> Check (No.) <input type="checkbox"/> Money Order (No.)			
<i>OFFICE USE ONLY</i>			RECEIPT #
AGRICULTURAL COMMISSIONER'S SIGNATURE			DATE

Continue to Equipment List

APPLICATION FOR PEST CONTROL
EQUIPMENT REGISTRATION

FOR CALENDAR YEAR ENDING DECEMBER 31, _____

Name – (Under which applicant is engaged in business)	Registration Type	License # (Issued from the CA Dept. of Pesticide Regulation)
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PCB: AG Pest Control Business
GDN: Maintenance Gardener

Indicate applicable type of equipment: For aircraft, show fixed wing or helicopter.
For ground, show speed sprayer, power duster, hand gun, etc.

Make sure you sign and date each page and submit with your registration form and the fee.

Manufacturer / Equipment Type	Color (Truck / Aircraft)	Air / Ground	Vehicle Lic. # / Aircraft "N" # Equipment #
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
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I hereby certify that my ground equipment is property marked and that the information contained in this application is true and correct.

Signature: _____ **Date:** _____