

License/Business Registration

Santa Cruz County Agricultural Department

(↓ check one ↓)

- Pest Control Business / PCB
- Pest Control Advisor / PCA
- Landscape Maintenance Gardener / LMG
- Farm Labor Contractor / FLC
- Structural Pest Control Business / SPCB
 - Branch 1
 - Branch 2
 - Branch 3
- Pilot Journeyman
- Pilot Apprentice

Registration Year _____

photocopy
valid
professional license / certificate
here

Fee \$ _____ Cash Check N/A (← circle one, make checks payable to “Santa Cruz County Ag”)

Name _____ / Qualifying Mgr. Branch Super. (← circle one if SPCB)
(print name)

Professional license # _____ (e.g., QAL, PCA, OPR, FR)

Business name _____ R/M Permit # (if applicable) _____
(print name)

Business license # _____ / Registration # _____ (only for SPCB)

Address _____ / Principle Office Branch Office (← circle one if SPCB)

Telephone () _____ - _____ Emergency () _____ - _____

Cell phone () _____ - _____ Fax () _____ - _____

E-mail address _____

Licensee signature _____ date _____

I certify that the information provided is TRUE and CORRECT

Ag Dept. signature _____ date _____