

PEST CONTROL BUSINESS 2019 ANNUAL REGISTRATION

Dear Pest Control Operator,

This letter is to inform you that the registration allowing your Pest Control Business to conduct operations in Orange County will expire on December 31, 2018. You **must register by January 1, 2019** in order to continue your business in Orange County during the 2019 calendar year. *It is a violation to perform work in Orange County without first registering with the County Agricultural Commissioner.*

Call (714) 955-0100 for an appointment.

Appointment times are available from 8:30 am - 11:15 am and 1:15 pm – 3:30 pm, Monday – Thursday.

WHAT TO BRING:

- 1. Completed Pest Control Business registration form.
- 2. A copy of your company's 2019 State Pest Control Operator Business License.
- 3. A copy of your 2019 Qualified Applicator License card.
- 4. Completed Application for Pest Control Equipment Registration (enclosed).
- 5. **\$89.00 registration fee (Check or money order)(Payable to: Orange County Treasurer)**

New fee effective as of July 1, 2015

If you require a **Restricted Materials Permit**, do the following:

- Call (714) 955-0100 at least 24 hours to make an appointment before you come in to register.
- Specify any changes to be made to an existing Restricted Materials Permit.
- If you are headquartered outside of Orange County, bring in a copy of your 2019 Restricted Materials Permit issued by your home county.
- Be prepared to disclose **mitigating measures and alternatives** to using restricted materials used by your business.
- **The Restricted Material Permit will not be issued by mail.**
- Completed Pest Control Business County Registration form, along with all names and QAL/QAC numbers that work for your company (on the backside of the registration form).
- A copy of your Pest Control Business License and Qualified Applicator License issued by the California Department of Pesticide Regulation and valid for the year 2019.
- Completed Application for Pest Control Equipment Registration (enclosed), be sure to put your company name at the top. A copy of one completed for another county is acceptable.
- **\$89.00 registration fee (check or money order) payable to: Orange County Treasurer**

(Your cleared check is proof of registration with our office. Please make a copy of your completed registration form for your record)

Please note our address:

**ORANGE COUNTY AGRICULTURAL COMMISSIONER
222 EAST BRISTOL LANE
ORANGE, CA 92865-2714**

If you need further assistance, please contact the office at (714) 955-0100.

WEBSITE: WWW.OCAGCOMM.COM

(If you need additional information or forms, please go to the website.)

**PEST CONTROL BUSINESS
COUNTY REGISTRATION**

2019

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION
PEST MANAGEMENT AND LICENSING BRANCH

Please Check: <input type="checkbox"/> Pest Control Business - \$89.00* <input type="checkbox"/> Maintenance Gardener Business - \$25.00* We accept Check or Money Order. Make checks payable to: ORANGE COUNTY TREASURER	(YEAR)		
	REGISTRATION EXPIRATION DATE: DECEMBER 31, 2019		
	FOR REGISTRATION IN COUNTY OF: ORANGE	BUSINESS LOCATION MAIN BRANCH	
	BUSINESS NAME	BUSINESS LICENSE NUMBER	
MAILING ADDRESS			
PLEASE INCLUDE A COPY OF YOUR: ➤ QAC/QAL CARD ➤ PEST CONTROL BUSINESS LICENSE	CITY	ZIP CODE	TELEPHONE NUMBER
	EMAIL ADDRESS		
	(REQUIRED) QUALIFIED APPLICATOR'S SIGNATURE		DATE
	No Restricted Material may be possessed except in accordance with any Restricted Material(s) Possession Permit No. _____ attached condition(s). This is not a permit to apply.		CONDITION(S) ATTACHED YES NO
Make a copy of this form and mail the appropriate registration fee (check/money order) to: Orange County Agricultural Commissioner 222 E. Bristol Lane Orange, CA 92865-2714	AGRICULTURAL COMMISSIONER'S SIGNATURE		DATE
	CALAGPERMITS: Pesticide Use Reporting Online <input type="checkbox"/> I do not have a login, requesting username & password. (Email address required)		
OFFICE USE ONLY			
<input type="checkbox"/> WALK-IN		<input type="checkbox"/> MAILED _____	
REGISTRATION FEE RECEIVED \$ _____			
CASH OR CHECK/M.O# \$ _____			

ORANGE COUNTY AGRICULTURAL COMMISSIONER
REGISTRATION FOR
PEST CONTROL OPERATORS

LIST OF QAL/QAC'S

Date: _____ Company: _____

NAME & QAL/QAC #

NAME & QAL/QAC #

NAME & QAL/QAC #

NAME & QAL/QAC #

NAME & QAL/QAC #

NAME & QAL/QAC #

NAME & QAL/QAC #

NAME & QAL/QAC #

NAME & QAL/QAC #

NAME & QAL/QAC #

NAME & QAL/QAC #

NAME & QAL/QAC #

NAME & QAL/QAC #

NAME & QAL/QAC #

NAME & QAL/QAC #

NAME & QAL/QAC #

ORANGE COUNTY

FOR CALENDAR YEAR ENDING DECEMBER 31, 2019

NAME – (under which applicant is engaged in business)

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

MANUFACTURER	AIR	GROUND	EQUIPMENT TYPE	VEHICLE LIC. OR AIRCRAFT "N" NO.	OTHER ID.
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

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

SIGNATURE

DATE