

# DEPARTMENT OF AGRICULTURE/WEIGHTS & MEASURES

**Andrew F. Smith**

Agricultural Commissioner  
Sealer of Weights & Measures



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(707) 565-2371 Fax (707) 565-3850  
sonomacounty.ca.gov/AWM

Select one:

REGISTRATION EXPIRATION DATE: 12/31/\_\_\_\_\_

- Pest Control Business County Registration  
 Maintenance Gardener Pest Control Business County Registration

FOR REGISTRATION IN COUNTY OF: \_\_\_\_\_ BUSINESS LOCATION:  MAIN or  BRANCH

BUSINESS NAME: \_\_\_\_\_ BUSINESS LICENSE #: \_\_\_\_\_

BUSINESS PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS MAILING ADDRESS SAME AS PHYSICAL ADDRESS?  YES  NO If no, please list MAILING ADDRESS below:

BUSINESS MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**IF A RESTRICTED MATERIALS PERMIT IS NEEDED, YOU MUST REGISTER IN PERSON.**

RESTRICTED MATERIAL(S) POSSESSION PERMIT #: \_\_\_\_\_ CONDITIONS ATTACHED?  YES  NO

**NO RESTRICTED MATERIAL MAY BE POSSESSED EXCEPT IN ACCORDANCE WITH ANY ATTACHED CONDITION(S). THIS IS NOT A PERMIT TO APPLY.**

QUALIFIED APPLICATOR'S NAME (print): \_\_\_\_\_

QUALIFIED APPLICATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO COMPLETE REGISTRATION, THE FOLLOWING DOCUMENTS MUST BE ATTACHED:**

- Copy of **Qualified Applicator's License** or **Certificate** or **Verification** from Department of Pesticide Regulation's website  
 Copy of **Business License** issued by the Department of Pesticide Regulation or **Verification** from Department of Pesticide Regulation's website  
 **Equipment List**

Do you need a login for CalAgPermits?  YES  NO

If YES, preferred username: \_\_\_\_\_

**OFFICIAL USE ONLY**

COUNTY OFFICIAL'S NAME (print): \_\_\_\_\_

COUNTY OFFICIAL'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REGISTRATION FEE RECEIVED: \$ \_\_\_\_\_  CASH  CHECK  CREDIT CARD

**APPLICATION FOR PEST CONTROL EQUIPMENT REGISTRATION**

**SONOMA COUNTY**

**FOR CALENDAR YEAR ENDING 12/31/\_\_\_\_\_**

*List all equipment to be used in Sonoma County. Indicate applicable type of equipment.  
For aircraft, show fixed wing or helicopter. For ground, show speed sprayer, power duster, hand gun, etc.*

**BUSINESS NAME:** \_\_\_\_\_

	MANUFACTURER	AIR	GROUND	EQUIPMENT TYPE	VEHICLE LIC OR AIRCRAFT #	OTHER ID
01.						
02.						
03.						
04.						
05.						
06.						
07.						
08.						
09.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

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

BY (print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_