



COUNTY OF LAKE

Department of Agriculture
Department of Weights & Measures
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Lakeport CA 95453
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KATHERINE VANDERWALL
Agricultural Commissioner
Sealer of Weights & Measures

PEST CONTROL BUSINESS REGISTRATION

Date Submitted: _____ PCB MGB For Year: _____

Company Name: _____

Mailing Address: _____

_____ Zip: _____

Phone:() _____ Fax:() _____ Email: _____

Physical Address: _____

_____ Zip: _____

This location is: Main Branch

DPR Business License # _____ Exp. Date: _____ (Please attach a copy)

QAC/QAL Holder's Signature: _____

Qualified Applicator License (QAL) or Qualified Applicator Certificate (QAC) Holder: (Please provide a copy of your license or paste copy in box below. If submitting electronically, please scan and attach license and other documents to your e-mail.)

Attach Copy of QAC/QAL here,

In order for your registration to be processed, you must include the following:

- Completed County Registration Form
- A copy of your QAL or QAC
- A copy of your DPR Business License
- Completed equipment list
- Fee payment: Cash Check Credit
 - MGB -\$25.00
 - PCB - \$50.00

FOR COUNTY USE

Registration Fee Received:

\$ _____ Date: _____

Cash _____ Check # _____

Receipt #: _____

Registration Date: _____

Restricted Permit #: _____
(If applicable)

Agricultural Commissioner's Signature By: _____

