

## PEST CONTROL AIRCRAFT PILOT COUNTY REGISTRATION

Aircraft Pilot Pest Control Certificate Copy Here

Registration Expiration Date:  
December 31, \_\_\_\_\_ (Year)

For Registration In County Of:  
**LAKE**

Address

City

Zip Code

If Apprentice Pilot: Name(s) of Journeyman Pilot(s) registered in County providing supervision.

Pilot's Signature

Date



**COUNTY OF LAKE**  
Department of Agriculture  
Department of Weights &  
Measures 883 Lakeport Blvd.  
Lakeport, CA 95453  
P: 707-263-0217  
E: lakeag@lakecountyca.gov

Agricultural Commissioner's  
Signature by:

Date

Mailing Address (if different from above)

\_\_\_\_\_

\_\_\_\_\_

City

State

Zip

E-Mail Address:

\_\_\_\_\_

Office Phone #: \_\_\_\_\_

Pilot Cell #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Additional Information:

Valid Medical Certificate?      Yes      No  
(Please Attach)

Cash:      Check:

Registration Fee Received: (County Use Only)

\$ \_\_\_\_\_ Date: \_\_\_\_\_

Cash \_\_\_\_\_ Check# \_\_\_\_\_

Receipt # \_\_\_\_\_