



Dear Pest Control Adviser,

This letter is to inform you that your Pest Control Adviser registration in Orange County will expire on December 31, 2018. To continue your business in Orange County you **must register** by January 1, 2019.

WHAT TO BRING IF YOU COME IN:

- 1) Your 2019 Agricultural Pest Control Adviser card.
- 2) \$10.00 registration fee (money order or check only); \$5.00 fee if you have already registered in your primary county (Payable to: Orange County Treasurer).
- 3) Completed Statement of Written Recommendation (enclosed).

IF YOU REGISTER BY MAIL:

- 1) Complete the registration form.
- 2) Complete the Statement of Written Recommendation Form.
- 3) Include your check or money order.
- 4) A valid copy of your current PCA license.

PLEASE MAKE SURE YOU SIGN THE REGISTRATION FORM. When all documents and fees have been reviewed, we will sign the registration form and send you back a copy for your records.

If the card for your Pest Control Adviser card has been imprinted by another county on the Agricultural Pest Control Adviser County Registration form, complete and sign the form, then mail the above to this address:

**AGRICULTURAL COMMISSIONER'S OFFICE
222 EAST BRISTOL LANE
ORANGE, CA 92865-2714**

Phone: (714) 955-0100

Fax: (714) 921-2713

Website: www.ocagcomm.com

**AGRICULTURAL PEST CONTROL
ADVISER COUNTY REGISTRATION**

2019

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

<p>PCA Registration Fees:</p> <p><input type="checkbox"/> Records kept in ORANGE COUNTY: \$10.00</p> <p><input type="checkbox"/> Records kept in your home county: \$5.00</p> <p>We accept Check or Money Order. Make checks payable to: ORANGE COUNTY TREASURER</p>	<p style="text-align: right;">(YEAR)</p> <p style="text-align: center;">REGISTRATION EXPIRATION DATE: DECEMBER 31, 2019</p> <hr/> <p>FOR REGISTRATION IN COUNTY OF : ORANGE</p> <hr/> <p>ADVISER'S NAME</p> <hr/> <p>ADVISER'S EMPLOYER</p> <hr/> <p>ADDRESS</p> <hr/>												
<p style="text-align: center;">Place your PCA card in this space and make a copy of this form.</p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">CITY</td> <td style="width:33%; border-bottom: 1px solid black;">ZIP CODE</td> <td style="width:33%; border-bottom: 1px solid black;">TELEPHONE NUMBER</td> </tr> <tr> <td style="border-bottom: 1px solid black;">ADVISER'S SIGNATURE</td> <td colspan="2" style="border-bottom: 1px solid black;">DATE</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">WRITTEN RECOMMENDATIONS ARE AVAILABLE AT (STREET & CITY)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">AGRICULTURAL COMMISSIONER'S SIGNATURE</td> <td colspan="2" style="border-bottom: 1px solid black;">DATE</td> </tr> </table>	CITY	ZIP CODE	TELEPHONE NUMBER	ADVISER'S SIGNATURE	DATE		WRITTEN RECOMMENDATIONS ARE AVAILABLE AT (STREET & CITY)			AGRICULTURAL COMMISSIONER'S SIGNATURE	DATE	
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<p>Mail this form and the appropriate registration fee (check or money order) to the following address:</p> <p style="text-align: center;">Orange County Agricultural Commissioner 222 E. Bristol Lane Orange, CA 92865-2714</p>	<p style="background-color: #cccccc; padding: 2px;">(Office Use Only)</p> <p><input type="checkbox"/> WALK-IN REGISTRATION FEE RECEIVED \$ _____</p> <p>CASH Check/M.O# _____</p> <p><input type="checkbox"/> MAILED _____</p>												



Statement of Written Recommendation Form 2019

FOOD AND AGRICULTURAL CODE:

Section 12003 . . . Agricultural Pest Control Adviser shall put all recommendations concerning agricultural use in writing.

Section 12004 . . . Agricultural Pest Control Adviser shall retain one copy of each written recommendation for one year following the date of such recommendation.

_____ I have not made any written recommendations for the 2018 calendar year.

_____ I have available copies of written recommendations for the past year.

Please complete all information below.

My recommendations are or will be kept at:

_____ BUSINESS NAME (IF APPLICABLE)

_____ LICENSE NUMBER

_____ ADDRESS

_____ NAME (PRINT)

_____ PHONE

_____ SIGNED

_____ DATED

REMARKS:

PLEASE SUBMIT TO: AGRICULTURAL COMMISSIONER
222 EAST BRISTOL LANE
ORANGE, CALIFORNIA 92865-2714