



# **Butte County Agricultural Commissioner**

316 Nelson Ave., Oroville CA 95965 (530) 552-4100 ButteAg@buttecounty.net

**Pest Control Business (PCB)**

**Maintenance Gardener Business (MGB)**

**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,  
or attach electronically

**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 
  - MGB - \$25.00
  - PCB - \$50.00

**FOR COUNTY USE**

Registration Fee Received:

Payment Verification by Accounting:

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

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

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

Registration Date: \_\_\_\_\_

Restricted Permit #: \_\_\_\_\_  
(If applicable)

Agricultural Commissioner's Signature By: \_\_\_\_\_

# BUTTE COUNTY AGRICULTURAL PEST CONTROL EQUIPMENT REGISTRATION

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

ADDRESS WHERE EQUIPMENT IS STORED: \_\_\_\_\_

LIST BELOW ALL EQUIPMENT TO BE USED IN THIS COUNTY. INDICATE APPLICABLE TYPE OF EQUIPMENT: FOR AIRCRAFT, INDICATE FIXED WING OR HELICOPTER. FOR GROUND, INDICATE SPEED SPRAYER, POWER DUSTER, POWER SPRAYER, HAND GUN, BACKPACK, OR HANDCAN. FOR POWER SPRAYER, PLEASE INDICATE TANK SIZE AND TYPE (POLY, FIBERGLASS, OR ALUMINUM).

MANUFACTURER	AIR	GROUND	EQUIPMENT TYPE & SIZE	VEHICLE LICENSE OR AIRCRAFT NUMBER	OTHER I.D.

YES	NO	N/A	I HEREBY CERTIFY THAT MY GROUND EQUIPMENT:
			IS IDENTIFIED (Business Name, Service Container Labels)
			IS EQUIPPED WITH AN AIRGAP (Handcan and Backpack Sprayers are Exempt)
			HAS SHUT-OFF DEVICES, SPILL-PROOF HATCHES AND A SIGHT GAUGE (OVER 49 GALLONS)

AND THAT THE INFORMATION CONTAINED IN THIS REGISTRATION IS TRUE AND CORRECT.

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