

PEST CONTROL AIRCRAFT PILOT COUNTY REGISTRATION

Aircraft Pilot Pest Control Certificate Copy Here
or Attach Electronically

Registration Expiration Date:
December 31, _____ (Year)

For Registration In County Of:
Butte

Address

City _____ Zip Code _____

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

Pilot's Signature _____ Date _____



Butte County
Agricultural Commissioner
316 Nelson Ave.
Oroville, CA 95965
(530)552-4100
butteag@buttecounty.net

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:

Employer's Business Name: _____

Registration Fee Received: (County Use Only)

\$ _____ Date: _____

Cash _____ Check# _____

Receipt# _____

Payment Verified by Accounting: