



Pest Control Advisor County Registration

Phone: (707) 784-1310

Pesticide Email: PUE@SolanoCounty.com

Mailing Address:
Solano County Ag. Dept.
675 Texas Street
Fairfield, CA 94533

Physical Address:
Solano County Ag. Dept.
2543 Cordelia Road
Fairfield, CA 94534

For Registration in County of: Solano	Registration Expiration Date: December 31, _____ (year)			
Place a valid copy of your PCA license card in this space	Are you Self-Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	Advisor's Employer			
	Employer's Telephone number			
	Employer's Address			
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; border-bottom: 1px solid black;">City</td> <td style="width:20%; border-bottom: 1px solid black; text-align: center;">State</td> <td style="width:20%; border-bottom: 1px solid black; text-align: right;">Zip</td> </tr> </table>	City	State	Zip
	City	State	Zip	
	Advisor's Phone #:			
Advisor's Email:				
Pest Control Advisor's Mailing address (If different than on card)	Written Recommendations are available at (street & city)			
Advisor's signature	Date			
Agricultural Commissioner's Signature For <i>Ed King</i> :	Date			
<table style="width:100%;"> <tr> <td style="width:35%;">Registration Fee Received: \$ _____</td> <td style="width:65%;"> Fees: <input type="checkbox"/> Home County: \$10.00 <input type="checkbox"/> Out of County: \$5.00 </td> </tr> </table>		Registration Fee Received: \$ _____	Fees: <input type="checkbox"/> Home County: \$10.00 <input type="checkbox"/> Out of County: \$5.00	
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Payment method: Online: <input type="checkbox"/> Cash: <input type="checkbox"/> Credit: <input type="checkbox"/> Check: <input type="checkbox"/> check #: _____ Receipt# _____				