Sacramento County Agricultural Commissioner

4137 Branch Center Rd Sacramento, CA 95827 916.875.6603 AGCOMMPUE@saccounty.gov

Pest Control Business
Maintenance Gardener Business
Registration

Date Submitted: _____ PCB ☐ MGB ☐ For Year: _____

Business Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone:( ) _____ Fax:( ) _____ Email: _____

Business Physical Address: _____

City: _____ State: _____ 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 ☐ Credit ☐

Current registration fees can be found here:
https://agcomm.saccounty.gov/us/en/OfficeFees.html

If paying online write confirmation # below:

FOR COUNTY USE ONLY:

Registration Fee Received:

$ _____ Date: _____

Cash _____ Check # _____

Receipt #: _____

Registration Date: _____

Restricted Permit #: _____
(If applicable)

Agricultural Commissioner's Signature:

_____

(Revised 10/26)

SACRAMENTO 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 _____