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:
Sacramento

Address

City | Zip Code

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

Pilot's Signature | Date

Sacramento County
Agricultural Commissioner
4137 Branch Center Rd
Sacramento, CA 95827
(916) 875-6603
AGCOMMPUE@saccounty.gov

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: ◯ Credit: ◯

Online Payment Confirmation#_____

Registration Fee Received: (County Use Only)

$ _____ Date: _____

Cash ☐ Check#_____

Receipt #_____

Online Payment Verified by Accounting: ☐

rev. 10/25