

STATE OF CALIFORNIA
PRIVATE APPLICATOR CERTIFICATE APPLICATION

PR-ENF-045 (EST. 9/97)

DEPARTMENT OF PESTICIDE REGULATION
 PESTICIDE ENFORCEMENT BRANCH

NEW APPLICANT

RENEWAL (Private Applicator Certificate Number) _____

NOTE: If you have any questions concerning this application, please contact your local county agricultural commissioner's office for assistance.

A. Applicant Information: RELATIONSHIP TO AGRICULTURAL PRODUCTION OPERATION OR HOUSEHOLDER'S PROPERTY (Check appropriate box)

PROPERTY OWNER / OPERATOR

* AUTHORIZED REPRESENTATIVE
 (ATTACH LETTER FROM PROPERTY OWNER / OPERATOR)

EMPLOYEE

OPERATOR OR BUSINESS NAME			WORK TELEPHONE NUMBER (805)
APPLICANT NAME (Last,	First,	Middle Initial)	HOME TELEPHONE NUMBER (805)
APPLICANT MAILING ADDRESS (Number and Street)		(City)	
(County)	(State)	(ZIP Code)	

B. Continuing Education Information. Each course must be a minimum of one hour in length. Attach the certificate of completion or other approved documentation as proof of attendance for each course.

COURSE / SEMINAR / CONFERENCE TITLE	I.D. CODE NUMBER	DATE(S) ATTENDED	TOTAL HOURS	
			Laws and Regulations	Other

DENIAL (Reason) _____

C. I declare under penalty of perjury, under the laws of the State of California, that the above information is true and correct.

APPLICANT SIGNATURE 	DATE SIGNED / CERTIFIED
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FOR OFFICIAL USE ONLY →	** CERTIFICATE NUMBER PA - -	CERTIFICATE ISSUANCE DATE	CERTIFICATE EXPIRATION DATE DEC. 31,
CERTIFICATE ISSUED BY:	TITLE	CAC TELEPHONE NUMBER ()	

* An **AUTHORIZED REPRESENTATIVE** is defined as: a person designated, in writing by the operator of the property, to represent the operator of the property in obtaining a restricted material permit.

** The **CERTIFICATE NUMBER** format is: PA - county code - 5 digit number.