

Orange County Agricultural Commissioner and Sealer of Weights and Measures

## MAINTENANCE GARDENER PEST CONTROL BUSINESS 2024 REGISTRATION NOTICE

Dear Maintenance Gardener Pest Control Business Operator,

This letter is to inform you that the registration allowing your Maintenance Gardener Pest Control Business to conduct operations in Orange County will expire on December 31, 2023. You **must register prior to performing any pest control activities associated with your Maintenance Gardener Pest Control Business License** in Orange County during the 2024 calendar year. **It is unlawful to perform pesticide related work in Orange County without first registering with the County Agricultural Commissioner.** Please mail-in or walk-in all completed forms provided to complete your registration.

### DOCUMENTS REQUIRED FOR REGISTRATION

- 1. **Completed** Maintenance Gardener Pest Control Business registration forms (enclosed).
- 2. A copy of your company's Maintenance Gardener Pest Control Business License from the California Department of Pesticide Regulation **with an expiration year of 2024 or later.**
- 3. A copy of your Qualified Applicator Certificate or Qualified Applicator License (QAL) with an expiration year of 2024 or later. Remember to include the QAC or QAL signature on the form.
- 4. Completed Pest Control Equipment Registration form (enclosed).
- 5. **\$25.00 registration fee (cash, check or money order) payable to: Orange County Treasurer. Do not mail cash.**

Please mail-in or walk-in your completed registration packet to the address below:

ORANGE COUNTY AGRICULTURAL COMMISSIONER  
222 EAST BRISTOL LANE  
ORANGE, CA 92865-2714

## Take Advantage of CalAgPermits.org

- ✓ Easily submit your Monthly Summary Pesticide Use Reports Online!
- ✓ Track & Store everything online. Save on postage!

**SIGN UP NOW! ENTER YOUR EMAIL ADDRESS ON YOUR REGISTRATION FORM!**

If you need further assistance, please contact our office at (714) 955-0100.

Pesticide Programs Email Address: [OCAGPUE@ocpw.ocgov.com](mailto:OCAGPUE@ocpw.ocgov.com)

(If you need additional information or forms, please go to the website)

WEBSITE: [www.ocerac.ocpublicworks.com](http://www.ocerac.ocpublicworks.com)

**PEST CONTROL BUSINESS  
COUNTY REGISTRATION**

**2024**

STATE OF CALIFORNIA  
DEPARTMENT OF PESTICIDE REGULATION  
PEST MANAGEMENT AND LICENSING BRANCH

Please Check:  <input type="checkbox"/> <b>Pest Control Business - \$103.00*</b>  <input type="checkbox"/> <b>Maintenance Gardener Business - \$25.00*</b>  We accept Cash, Check or Money Order. Make checks payable to: <b><u>ORANGE COUNTY TREASURER</u></b>	(YEAR) <b>REGISTRATION EXPIRATION DATE: DECEMBER 31, 2024</b> <hr/> FOR REGISTRATION IN COUNTY OF: <b>ORANGE</b> <table style="width:100%; border: none;"> <tr> <td style="width:70%; border: none;">BUSINESS NAME</td> <td style="width:30%; border: none;">BUSINESS LICENSE NUMBER</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table> <hr/> MAILING ADDRESS <hr/>	BUSINESS NAME	BUSINESS LICENSE NUMBER		
BUSINESS NAME	BUSINESS LICENSE NUMBER				

<p align="center"><b><u>PLEASE COMPLETE QAC/QAL INFORMATION</u></b> (Please Circle One)</p> Card Holders Name: _____ License Number: _____ Categories: _____ Expiration Date: _____ Telephone Number: _____ Email Address: _____ Address: _____	<table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">CITY, STATE</td> <td style="width:33%; border: none;">ZIP CODE</td> <td style="width:34%; border: none;">TELEPHONE NUMBER</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table> <hr/> PHYSICAL ADDRESS <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:70%; border: none;">CITY, STATE</td> <td style="width:30%; border: none;">ZIP CODE</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table> <hr/> EMAIL ADDRESS <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:80%; border: none;">QUALIFIED APPLICATOR'S SIGNATURE</td> <td style="width:20%; border: none;">DATE</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:80%; border: none;">AGRICULTURAL COMMISSIONER'S SIGNATURE</td> <td style="width:20%; border: none;">DATE</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>	CITY, STATE	ZIP CODE	TELEPHONE NUMBER				CITY, STATE	ZIP CODE			QUALIFIED APPLICATOR'S SIGNATURE	DATE			AGRICULTURAL COMMISSIONER'S SIGNATURE	DATE		
CITY, STATE	ZIP CODE	TELEPHONE NUMBER																	
CITY, STATE	ZIP CODE																		
QUALIFIED APPLICATOR'S SIGNATURE	DATE																		
AGRICULTURAL COMMISSIONER'S SIGNATURE	DATE																		

Mail-in or walk-in this form and the appropriate registration fee to:  <p align="center"><b>Orange County Agricultural Commissioner</b> 222 E. Bristol Lane Orange, CA 92865-2714</p>	<p><b>CALAGPERMITS: Pesticide Use Reporting Online</b></p> <input type="checkbox"/> I do not have a login, requesting username & password. (Email address required)
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**OFFICE USE ONLY**

<input type="checkbox"/> WALK-IN RECEIVED _____	<input type="checkbox"/> MAILED-IN RECEIVED _____	
CASH AMOUNT \$ _____	CHECK # _____	CHECK AMOUNT \$ _____

ORANGE COUNTY AGRICULTURAL COMMISSIONER  
REGISTRATION FOR  
**PEST CONTROL OPERATORS**

**LIST OF QAL/QAC'S**

Date: \_\_\_\_\_ Company: \_\_\_\_\_

\_\_\_\_\_  
NAME & QAL/QAC #

\_\_\_\_\_  
NAME & QAL/QAC #

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NAME & QAL/QAC #

\_\_\_\_\_  
NAME & QAL/QAC #

**ORANGE COUNTY**

FOR CALENDAR YEAR ENDING DECEMBER 31, 2024

NAME – (under which applicant is engaged in business)

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LIST BELOW ALL EQUIPMENT TO BE USED IN THIS COUNTY. INDICATE APPLICABLE TYPES OF EQUIPMENT:  
FOR AIRCRAFT, SHOW FIXED WING OR HELICOPTER. FOR GROUND, SHOW SPEED SPRAYER, POWER DUSTER, HAND  
GUN, BACKPACK SPRAYER, ETC.

MANUFACTURER	AIR <input type="checkbox"/>	GROUND <input type="checkbox"/>	EQUIPMENT TYPE	VEHICLE LIC. OR AIRCRAFT "N" NO.	OTHER I.D.
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
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	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

I HEREBY CERTIFY THAT MY GROUND EQUIPMENT IS PROPERLY MARKED AND THAT THE INFORMATION  
CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE