



# Pest Control Advisor County Registration

Phone: (707) 784-1310

Pesticide Email: [PUE@SolanoCounty.com](mailto: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: <b>SOLANO</b>	<b>Registration year:</b> _____			
Place a valid copy of your PCA license card in this space	<b>Advisor's Name:</b>			
	<b>Advisor's Employer</b>			
	<b>Employer's Telephone Number</b>			
	<b>Employer's Address (where written recommendations are available)</b>			
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;"><b>City</b></td> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;"><b>State</b></td> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;"><b>Zip</b></td> </tr> </table>	<b>City</b>	<b>State</b>	<b>Zip</b>
	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Advisor's Phone #:</b>				
<b>Advisor's Email:</b>				
<b>Pest Control Advisor's Mailing address (if different than on card)</b>				
<b>Advisor's Signature</b>	<b>Date</b>			
<b>Agricultural Commissioner's Signature</b>	<b>Date</b>			
<i>For Ed King:</i>				
<b>Fees:</b> <input type="checkbox"/> Home County: \$10.00 <input type="checkbox"/> Cash <input type="checkbox"/> Credit <input type="checkbox"/> Check, CK# _____ <input type="checkbox"/> Out of County: \$5.00				