



BUSINESS LICENSES		
NAME OF BUSINESS:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
RESALE LICENSE:		
EXEMPT: YES NO		

STRUCTURAL PEST CONTROL BOARD (SPCB) LICENSES	
STRUCTURAL BUSINESS LICENSE #:	
OPERATOR NAME:	
OPERATOR LICENSE #:	BRANCH: 1 2 3 (CIRCLE ALL THAT APPLY)
EXPIRATION DATE:	

DEPARTMENT OF PESTICIDE REGULATION (DPR) LICENSES (IF YOU HAVE MORE THAN ONE. SELECT HIGHEST RANKING)	
DPR BUSINESS LICENSE #:	
APPLICATOR NAME:	
DPR LICENSE NUMBER:	LICENSE TYPE: PCA QAL QAC
EXPIRATION DATE:	
COUNTY AGRICULTURAL COMMISSIONER'S OFFICE	
RESTRICTED MATERIALS PERMIT:	
OPERATOR IDENTIFICATION #	
NAME OF RMP/OPERATOR IDENTIFICATION:	
ISSUING COUNTY:	ISSUE DATE:
EXPIRATION DATE:	

ADDITIONAL EMPLOYEES (OPTIONAL)		
NAME:		
STRUCTURAL LICENSE NUMBER:	BRANCHE(S): 1 2 3	EXPIRATION:
DPR LICENSE # (SELECT HIGHEST RANKING)	LICENSE TYPE: PCA QAL	EXPIRATION:
NAME:		
STRUCTURAL LICENSE NUMBER:	BRANCHE(S): 1 2 3	EXPIRATION:
DPR LICENSE # (SELECT HIGHEST RANKING)	LICENSE TYPE: PCA QAL	EXPIRATION:
NAME:		
STRUCTURAL LICENSE NUMBER:	BRANCHE(S): 1 2 3	EXPIRATION:
DPR LICENSE # (SELECT HIGHEST RANKING)	LICENSE TYPE: PCA QAL	EXPIRATION:
NAME:		
STRUCTURAL LICENSE NUMBER:	BRANCHE(S): 1 2 3	EXPIRATION:
DPR LICENSE # (SELECT HIGHEST RANKING)	LICENSE TYPE: PCA QAL	EXPIRATION:
DPR LICENSE # (SELECT HIGHEST RANKING)	LICENSE TYPE: PCA QAL	EXPIRATION:

Submit this form with a photo copy of all applicable licenses, and the Credit Application to:
 Agri-Turf Distributing, ATTN: Credit Manager, 10551 Hathaway Drive, Santa Fe Springs, CA 90670.