

VISA/MASTERCARD TRANSACTION



Mail completed application with this payment form to:

For Licensees:

ATTN: Cashier
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812

For Continuing Education Sponsors:

Cashier
ATTN: CE
Department of Pesticide Regulation
P.O. Box 1379
Sacramento, CA 95812

ALL SECTIONS MUST BE COMPLETED. **DO NOT E-MAIL OR FAX this form.**

FAILURE TO COMPLETE ALL SECTIONS WILL RESULT IN YOUR APPLICATION BEING DELAYED OR REJECTED.

NAME OF CARDHOLDER (NAME APPEARING ON THE CARD)

VISA or MASTERCARD ONLY. No other cards are accepted.

CHECK ONE: VISA MASTERCARD

CARD NUMBER
(16 DIGITS)

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Expiration Date

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Total Amount of Payment

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE CARD)

PAYMENT FOR:

MAILING ADDRESS (Street or P.O. Box Number)

City, State, and ZIP Code

TELEPHONE NUMBER (include area code)

(DEPARTMENT USE ONLY) - ENTERED ON POS BY:

TODAY'S DATE

DATE MAILED

BY: