

**PEST CONTROL ADVISER (PCA)
SIGNATURE AUTHORIZATION DOCUMENT**

I, _____
(Please Print)

Request that the _____ County
Agriculture Commissioner accept as fulfilling the requirements of the Food
and Agricultural Code, section 12003 (g), any agricultural pest control
recommendation that bears one or more of the following: my handwritten
signature, my printed name, my agricultural pest control adviser license
number, or the business name in which I am the owner or sole adviser
licensed to make agricultural pest control recommendations.

I accept full responsibility for all agricultural pest control recommendations
received by a grower, pest control operator, or county agricultural
commissioner that bear my "signature" in any manner as listed above. I also
accept full responsibility for recommendations that I cause to be generated,
irrespective of how the recommendation data is entered and whether or not it
has been reviewed by me.

This authorization shall remain valid until cancelled by myself, either in
person or in writing, or revoked by the _____ County
Agricultural Commissioner.

Signed: _____

Date: _____

PCA License Number: _____