

COUNTY AGRICULTURAL COMMISSIONER

STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER
REGISTRATION BRANCH 2 & 3

Date Submitted: _____

For Year: _____

PRIMARY COMPANY INFORMATION: Performing work in: Branch 2 &/or Branch 3

Company Name: _____ Registration No. PR _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

(If different than mailing address)

Telephone: () _____ Fax: () _____

OPR: _____ License No: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) Responsible Person

QM = Operator

BS = Operator or Field Representative

QM: _____ OPR Lic. No: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

BS: _____ FR or OPR Lic. No: _____ Exp: _____ Branch 2 / Branch 3
(Print Name)

REGISTRATION INFORMATION / FEES:

(Submit all pages with appropriate fees, and signatures)

Total Fees Submitted: \$ _____ Make check payable to: _____

Print Name: _____ Date: _____

Signature: _____ Title: _____

I certify that the information provided is TRUE and CORRECT

County Registration Number: _____

Agricultural Commissioner's Signature: Sean Runyon by _____ Date: _____

THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE

(if applicable). Food and Agricultural Code section 15204(a) requires each licensed Branch 2 and Branch 3 structural pest control operator qualifying manager and (SPCB) registered company to register with the commissioner prior to operating a structural pest control business in the county. The registration shall cover a calendar year. A fee may also be required at the time of registration. The fee shall be set by the county Board of Supervisors, except that in no case shall the fee exceed the actual cost of processing the registration or ten dollars (\$10), whichever is less. Registrations may be amended to add or change operator qualifying manager and/or branch location(s) during the year for a fee not to exceed ten dollars (\$10).

**STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER
REGISTRATION BRANCH 2 & 3**

LIST ALL BRANCH LOCATIONS PERFORMING WORK IN THE COUNTY

BRANCH OFFICE:

Branch Address: _____ Registration No. BR _____
City: _____ Zip _____

Telephone: () _____ Fax: () _____ Working in: ☐ Branch 2 &/or ☐ Branch 3

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) Responsible Person
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QM: _____ OPR Lic. No: _____ Exp: _____ Branch 2 / Branch 3
 (Print Name)
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 BS: _____ FR or OPR Lic. No: _____ Exp: _____ Branch 2 / Branch 3
 (Print Name)

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City: _____ Zip _____

Telephone: () _____ Fax: () _____ Working in: ☐ Branch 2 &/or ☐ Branch 3

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 BS: _____ FR or OPR Lic. No: _____ Exp: _____ Branch 2 / Branch 3
 (Print Name)

BRANCH OFFICE:

Branch Address: _____ Registration No. BR _____
City: _____ Zip _____

Telephone: () _____ Fax: () _____ Working in: ☐ Branch 2 &/or ☐ Branch 3

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) Responsible Person
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