

**REGISTRATION FOR  
BRANCH 1 – STRUCTURAL FUMIGATION**

Date Submitted: \_\_\_\_\_

For Year: \_\_\_\_\_

**COMPANY INFORMATION:**

Company Name: \_\_\_\_\_ Registration No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Physical Address: \_\_\_\_\_

(if different than above)

Zip: \_\_\_\_\_

OPR: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_

(Print Name)

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

QM: \_\_\_\_\_ OPR License: \_\_\_\_\_ Exp: \_\_\_\_\_

(Print Name)

BS: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_

(Print Name)

**REGISTRATION INFORMATION / FEES:**

(Submit all pages with appropriate fees, and signatures)

Total Fees Submitted: \$ \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

I certify that the information provided is TRUE and CORRECT

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

**(if applicable)** Food and Agricultural Code section 15204.5(a) requires: each licensed structural pest control operator field representative, and (SPCB) registered company to register with the commissioner prior to conducting fumigations in any 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 twenty-five dollars (\$25), whichever is less. Registrations may be amended to add operators, field representatives and locations during the year for a fee not to exceed ten dollars (\$10).

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**ADDITIONAL BRANCH LOCATIONS**

Date Submitted: \_\_\_\_\_ For Year: \_\_\_\_\_

**1) BRANCH OFFICE (list all) performing work in the County:**

Branch Address: \_\_\_\_\_ Registration No. \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

QM: \_\_\_\_\_ OPR Lic: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

BS: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

**2) BRANCH OFFICE:**

Branch Address: \_\_\_\_\_ Registration No. \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

QM: \_\_\_\_\_ OPR Lic: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

BS: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

**3) BRANCH OFFICE:**

Branch Address: \_\_\_\_\_ Registration No. \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

QM: \_\_\_\_\_ OPR Lic: \_\_\_\_\_ Exp: \_\_\_\_\_  
(Print Name)

BS: \_\_\_\_\_ License: \_\_\_\_\_ Exp: \_\_\_\_\_

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BRANCH 1 – STRUCTURAL FUMIGATION

**LIST OF STRUCTURAL PEST CONTROL OPERATORS /  
FIELD REPRESENTATIVES**

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Instructions: Use this sheet to record Operators & Field Representatives working in this county. Indicate the branch location from page 2, if applicable (i.e. 1, 2, or 3).

	Last Name	First Name	Branch Location from page 2	License Number	Exp. Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					