

**Structural Pest Control Operator Registration Form
Branch 2 & 3**

For Registration in the County of	Registration Year	Registration Expires	Registration Fees Submitted	\$ 10.00
Company Name		Registration No:	Business Location <input type="checkbox"/> PR <input type="checkbox"/> BR	
Company's Mailing Address		City	State	Zip
Company's Physical Address		City	State	Zip
Business Phone Number	Cell Number	Fax Number		
Email		Working as (check all that apply) <input type="checkbox"/> Branch 2 <input type="checkbox"/> Branch 3		
Operator		License	Exp:	
SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)				
QM:	License	Exp:	<input type="checkbox"/> Branch 2	<input type="checkbox"/> Branch 3
BS:	License	Exp:	<input type="checkbox"/> Branch 2	<input type="checkbox"/> Branch 3
THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE Food and Agriculture Code section 15204(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).				
<i>I certify the above information provided is TRUE and CORRECT</i>				
Print Name			Date	
Signature			Title	
DEPARTMENT OF AGRICULTURE USE ONLY				
Dept of Ag Staff			Date	
Received By	Received Date	Receipt Number	Cal Ag Entered	Entered By

Branch 2 & 3

Additional Branch Locations

List all branch offices performing work in Mariposa County

Branch Office			Registration No:	
1) Branch's Physical Address		City	State	Zip
Business Phone Number	Cell Number	Fax Number		
Email			Working as (check all that apply) <input type="checkbox"/> Br 2 <input type="checkbox"/> Br 3	
SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)				
QM:	License	Exp:	<input type="checkbox"/> Branch 2	<input type="checkbox"/> Branch 3
BS:	License	Exp:	<input type="checkbox"/> Branch 2	<input type="checkbox"/> Branch 3
Branch Office			Registration No:	
1) Branch's Physical Address		City	State	Zip
Business Phone Number	Cell Number	Fax Number		
Email			Working as (check all that apply) <input type="checkbox"/> Br 2 <input type="checkbox"/> Br 3	
SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)				
QM:	License	Exp:	<input type="checkbox"/> Branch 2	<input type="checkbox"/> Branch 3
BS:	License	Exp:	<input type="checkbox"/> Branch 2	<input type="checkbox"/> Branch 3
Branch Office			Registration No:	
1) Branch's Physical Address		City	State	Zip
Business Phone Number	Cell Number	Fax Number		
Email			Working as (check all that apply) <input type="checkbox"/> Br 2 <input type="checkbox"/> Br 3	
SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)				
QM:	License	Exp:	<input type="checkbox"/> Branch 2	<input type="checkbox"/> Branch 3
BS:	License	Exp:	<input type="checkbox"/> Branch 2	<input type="checkbox"/> Branch 3
Branch Office			Registration No:	
1) Branch's Physical Address		City	State	Zip
Business Phone Number	Cell Number	Fax Number		
Email			Working as (check all that apply) <input type="checkbox"/> Br 2 <input type="checkbox"/> Br 3	
SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)				
QM:	License	Exp:	<input type="checkbox"/> Branch 2	<input type="checkbox"/> Branch 3
BS:	License	Exp:	<input type="checkbox"/> Branch 2	<input type="checkbox"/> Branch 3
Dept of Ag Staff			Date	