

# Mariposa County

Department of Agriculture &  
Weights and Measures

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Weights and Measures



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## Structural Pest Control Operator Registration Form

### Branch 1-Structural Fumigation

For Registration in the County of	Registration Year	Registration Expires	Registration Fees Received <b>\$ 25.00</b>
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Company Name	Registration No:	Business Location <input type="checkbox"/> PR <input type="checkbox"/> BR
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Company's Mailing Address	City	State	Zip
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Company's Physical Address	City	State	Zip
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Business Phone Number	Cell Number	Fax Number
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Email	Will this office perform work in this county <input type="checkbox"/> YES <input type="checkbox"/> NO
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Operator	License	Exp:
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**SUPERVISION:** Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)

QM:	License	Exp:
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BS:	License	Exp:
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**THIS REGISTRATION WILL NOT BE VALID IF IT 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 certify the above information provided is TRUE and CORRECT*

Print Name	Date
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Signature	Title
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#### DEPARTMENT OF AGRICULTURE USE ONLY

Dept of Ag Staff	Date
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Received By	Received Date	Receipt Number	Cal Ag Entered	Entered By
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**Make Checks Payable to: Mariposa County Treasurer**  
**Structural Pest Control Operator Registration Form**  
**Branch 1-Structural Fumigation**  
**Additional Branch Locations**  
*List all branch offices performing work in Mariposa County*

Branch Office	Registration No:
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1) Branch's Physical Address	City	State	Zip
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Business Phone Number	Cell Number	Fax Number
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Email
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**SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)**

QM:	License	Exp:
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BS:	License	Exp:
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2) Branch Office	Registration No:
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Branch's Physical Address	City	State	Zip
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Business Phone Number	Cell Number	Fax Number
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Email
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**SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)**

QM:	License	Exp:
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BS:	License	Exp:
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3) Branch Office	Registration No:
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Branch's Physical Address	City	State	Zip
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Business Phone Number	Cell Number	Fax Number
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Email
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**SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)**

QM:	License	Exp:
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BS:	License	Exp:
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**DEPARTMENT OF AGRICULTURE USE ONLY**

Dept of Ag Staff	Date
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# Structural Pest Control Operator Registration Form

## Branch 1-Structural Fumigation

List of Structural Pest Control Operators and Field Representatives

Company Name

**Instructions:** Use 1 sheet per location to record Operators and Field Representatives working in this county . Indicate the location from page 2 ( e.g. 1, 2, 3)

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