



Structural Pest Control Operator Registration Form

Branch 1-Structural Fumigation

For Registration in the County of		Registration Year	Registration Expires	Registration Fees Received	\$ 25.00
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			Will this office perform work in this county <input type="checkbox"/> YES <input type="checkbox"/> NO		
Operator			License	Exp:	
SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)					
QM:			License	Exp:	
BS:			License	Exp:	
<p>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).</p> <p><i>I certify the above information provided is TRUE and CORRECT</i></p>					
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	

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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				
SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)				
QM:		License	Exp:	
BS:		License	Exp:	
2) Branch Office			Registration No:	
Branch's Physical Address		City	State	Zip
Business Phone Number	Cell Number	Fax Number		
Email				
SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)				
QM:		License	Exp:	
BS:		License	Exp:	
3) Branch Office			Registration No:	
Branch's Physical Address		City	State	Zip
Business Phone Number	Cell Number	Fax Number		
Email				
SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)				
QM:		License	Exp:	
BS:		License	Exp:	
DEPARTMENT OF AGRICULTURE USE ONLY				
Dept of Ag Staff			Date	

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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					