

_____ COUNTY AGRICULTURAL COMMISSIONER STRUCTURAL
PEST CONTROL BUSINESS / QUALIFYING MANAGER REGISTRATION **BRANCH 2 & 3**

Date Submitted: _____ For Year: _____

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

Company Name: _____ Registration No. _____

Mailing Address: _____

_____ Zip: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

Physical Address: : _____

(if different than above)

_____ Zip: _____

OPR: _____ Lic: _____ Exp _____ Branch 2 / Branch 3

(Print name of operator)

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

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3

(Print name)

BS: _____ Lic: _____ 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:

Siskiyou County Agriculture
525 S. Foothill Drive
Yreka, CA 96097

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 Agriculture 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).

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ADDITIONAL LOCATIONS

Date Submitted: _____ For Year: _____

1) Branch Office (list all) performing work in: _____ County

Branch Address: _____ Registration No. _____

_____ Zip: _____

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

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

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Printname)

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Printname)

BS: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Printname)

2) Branch Office:

Branch Address: _____ Registration No. _____

_____ Zip: _____

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

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

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Printname)

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Printname)

BS: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Printname)

3) Branch Office:

Branch Address: _____ Registration No. _____

_____ Zip: _____

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

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

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Printname)

QM: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Printname)

BS: _____ Lic: _____ Exp: _____ Branch 2 / Branch 3
(Printname)