_____COUNTY AGRICULTURAL COMMISSIONER

REGISTRATION FOR
BRANCH 1 – STRUCTURAL FUMIGATION

Date Submitted: _____ For Year: _____

PRIMARY COMPANY INFORMATION:
(Complete if Primary is performing work in county)

Company Name: _____ Registration No. PR _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

(If different than mailing address)

Telephone: ( ) _____ Fax: ( ) _____

OPERATOR: _____ License No: _____ Exp: _____
(Print Name)

SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) Responsible Person
QM =Operator **BS = Operator or Field Representative**

QM: _____ OPR Lic. No: _____ Exp: _____
(Print Name)

BS: _____ FR or OPR Lic. No: _____ Exp: _____
(Print Name)

REGISTRATION INFORMATION / FEES:
(Submit all pages with appropriate fees, and signatures)

Total Fees Submitted: $ _____ Make check payable to: Merced County

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Print Name: _____ Date: _____

Signature: _____ Title: _____
I certify that the information provided is TRUE and CORRECT

County Registration Number: _____
Agricultural Commissioner's Signature: David Robinson by_____ Date: _____

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).

Est. 11/2007

_____COUNTY AGRICULTURAL COMMISSIONER

REGISTRATION FOR
BRANCH 1 – STRUCTURAL FUMIGATION

LIST ALL BRANCH LOCATIONS PERFORMING WORK IN THE COUNTY

BRANCH OFFICE:

Branch Address: _____ Registration No. BR _____

City: _____ Zip: _____

Telephone: ( ) _____ Fax: ( ) _____

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

QM =Operator **BS = Operator or Field Representative**

QM: _____ OPR Lic. No: _____ Exp: _____
(Print Name)

BS: _____ FR___ or OPR___ Lic. No: _____ Exp: _____
(Print Name)

BRANCH OFFICE:

Branch Address: _____ Registration No. BR _____

City: _____ Zip: _____

Telephone: ( ) _____ Fax: ( ) _____

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

QM =Operator **BS = Operator or Field Representative**

QM: _____ OPR Lic. No: _____ Exp: _____
(Print Name)

BS: _____ FR___ or OPR___ Lic. No: _____ Exp: _____
(Print Name)

BRANCH OFFICE:

Branch Address: _____ Registration No. BR _____

City: _____ Zip: _____

Telephone: ( ) _____ Fax: ( ) _____

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

QM =Operator **BS = Operator or Field Representative**

QM: _____ OPR Lic. No: _____ Exp: _____
(Print Name)

BS: _____ FR___ or OPR___ Lic. No: _____ Exp: _____
(Print Name)

_____COUNTY AGRICULTURAL COMMISSIONER

REGISTRATION FOR
BRANCH 1 – STRUCTURAL FUMIGATION
LIST OF STRUCTURAL PEST CONTROL OPERATORS /
FIELD REPRESENTATIVES

Date: _____ Company: _____

Instructions: Record Operators & Field Representatives working in this county.

Last Name	First Name	Primary or Branch License No.	Operator/Field Rep. License No.	Operator/Field Rep. License Exp. Date

Est. 11/2007