



SHASTA COUNTY AGRICULTURAL COMMISSIONER
REGISTRATION FOR
BRANCH 2 and BRANCH 3 STRUCTURAL PEST CONTROL

Date Submitted: _____ Year: _____

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

Company Name: _____ Registration No: _____

Mailing Address: _____ Zip: _____

Telephone: () _____ Cell: () _____ Fax: _____

Email: _____

Physical Address: _____
(If different from above)

_____ Zip: _____

OPR: _____ Lic: _____ Exp: _____ Branch 2 Branch 3
(Print Name) (Circle Appropriate Branch)

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

QM: _____ Lic: _____ Exp: _____ Branch 2 Branch 3
(Print Name) (Circle Appropriate Branch)

BS: _____ Lic: _____ Exp: _____ Branch 2 Branch 3
(Print Name) (Circle Appropriate Branch)

REGISTRATION INFORMATION/FEES:

(Submit all pages with appropriate fees and signatures.)

Total Fees Submitted: \$ _____ Make check payable to **Shasta County Department of Agriculture.**

Print Name: _____ Date: _____
(Print Name)

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 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).



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ADDITIONAL LOCATIONS

Date Submitted: _____ Year: _____

1. BRANCH OFFICE (List all) performing work in Shasta County:

Branch Address: _____ Registration No: _____
_____ Zip _____

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

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

QM: _____ Lic: _____ Exp: _____ Branch 2 Branch 3
(Print Name)

QM: _____ Lic: _____ Exp: _____ Branch 2 Branch 3
(Print Name) (Circle)

BS: _____ Lic: _____ Exp: _____ Branch 2 Branch 3
(Print Name)

2. BRANCH OFFICE:

Branch Address: _____ Registration No: _____
_____ Zip _____

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

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

QM: _____ Lic: _____ Exp: _____ Branch 2 Branch 3
(Print Name)

QM: _____ Lic: _____ Exp: _____ Branch 2 Branch 3
(Print Name)

BS: _____ Lic: _____ Exp: _____ Branch 2 Branch 3
(Print Name)

2. BRANCH OFFICE:

Branch Address: _____ Registration No: _____
_____ Zip _____

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

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

QM: _____ Lic: _____ Exp: _____ Branch 2 Branch 3
(Print Name)

QM: _____ Lic: _____ Exp: _____ Branch 2 Branch 3
(Print Name)

BS: _____ Lic: _____ Exp: _____ Branch 2 Branch 3
(Print Name)