

SHASTA COUNTY AGRICULTURAL COMMISSIONER
REGISTRATION FOR
BRANCH 1 – STRUCTURAL FUMIGATION

Date Submitted: _____

For Year: _____

COMPANY INFORMATION:

Company Name: _____ Registration No. _____

Mailing Address: _____
_____ Zip: _____

Telephone: () _____ Fax: () _____ E-mail: _____

Physical Address: _____
(if different than above)

_____ Zip: _____

_____ License: _____ Exp: _____
(Print Name)

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

QM: _____ License: _____ Exp: _____
(Print Name)

BS: _____ License: _____ Exp: _____
(Print Name)

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: _____

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 BRANCH LOCATIONS

Date Submitted: _____ For Year: _____

1) BRANCH OFFICE (list all) performing work in the County:

Branch Address: _____ Registration No. _____
_____ Zip: _____

Telephone: () _____ Fax: () _____

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

QM: _____ License: _____ Exp: _____
(Print Name)

BS: _____ License: _____ Exp: _____
(Print Name)

2) BRANCH OFFICE:

Branch Address: _____ Registration No. _____
_____ Zip _____

Telephone: () _____ Fax: () _____

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

QM: _____ License: _____ Exp: _____
(Print Name)

BS: _____ License: _____ Exp: _____
(Print Name)

3) BRANCH OFFICE:

Branch Address: _____ Registration No. _____
_____ Zip _____

Telephone: () _____ Fax: () _____

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

QM: _____ License: _____ Exp: _____
(Print Name)

BS: _____ License: _____ Exp: _____
(Print Name)

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

Date: _____

Company: _____

Instructions: Use 1 sheet / location to record Operators & Field Representatives
working in this county. Indicate the location from page 2; e.g. 1, 2, 3

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