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

Date Submitted:		For Year:	For Year:		
COMPANY INFORMATION:	Performing work	n Branch 2 &/or	☐ Branch 3		
Company Name:	Registration No				
Mailing address:					
		Zip:			
Telephone: ()	_ Fax: ()	Email:			
Physical Address:					
(if different than above)		Zip:			
OPR:(Print Name of Operator)	_ LIC:	Exp:	2 / Branch 3		
SUPERVISION: Qualifying Manager (
QM:(Print Name)	_ LIC: !	Exp: 🗖 Branch	a 2 / □ Branch 3		
(Print Name) BS:	_ LIC: !	Exp:	2 / □ Branch 3		
REGISTRATION INFORMATION (Submit all pages with appropriate fees, a					
	,				
Total Fees Submitted: \$	Make che	ck payable to:			
Print Name:		Date			
Signature: I certify that the information p	THE LCORDE	Title			

THIS REGISTRATION WILL NOT BE VALID IF IT NOT ACCOMPANIED BY THE REQUIRED FEE (if applicable)

Food and Agriculture Code section 15204(a) requires each licensed Branch 2 and Branch 3structural 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).

	Est.	11/2007
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PLACER COUNTY AGRICULTURAL COMMISSIONER STRUCTURAL PEST CONTROL BUSINESS / QUALIFYING MANAGER REGISTRATION BRANCH 2 & 3

ADDITIONAL LOCATIONS						
Date Submitted:	For Year:					
1) Branch Office (list all) performing work in:	nch Office (list all) performing work in: Performing work in PLACER COUNTY					
Branch Address:	Registration No.					
			Zip:			
Telephone: ()Fax: ()	Working in	☐ Branch 2 &/or ☐ Branch 3			
<u>SUPERVISION:</u> Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)						
QM: LIC	Exp:		☐ Branch 2 / ☐ Branch 3			
QM: LIC						
BS: LIC						
2) Branch Office (list all) performing work in: Performing work in PLACER COUNTY						
Branch Address:		Registratio	n No			
·			Zip:			
Telephone: ()Fax: ()	Working in	☐ Branch 2 &/or ☐ Branch 3			
SUPERVISION: Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)						
QM: LIC	Exp:		☐ Branch 2 / ☐ Branch 3			
QM: LIC						
BS: LIC (Print Name)						
3) Branch Office (list all) performing work in: Performing work in PLACER COUNTY						
Branch Address:		Registratio	n No			
			Zip:			
Telephone: ()Fax: ()	Working in	☐ Branch 2 &/or ☐ Branch 3			
<u>SUPERVISION:</u> Qualifying Manager (QM) and Branch Supervisor (BS) (Responsible Person)						
QM: LIC	Exp:		☐ Branch 2 / ☐ Branch 3			
QM: LIC	Exp:		☐ Branch 2 / ☐ Branch 3			
BS: LIC	Exp:		☐ Branch 2 / ☐ Branch 3			